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Immigration

A. H. Desloges

General Medical Superintendent for the Insane Asylums of the Province of Quebec

I REGRET that the Assistant Provincial Secretary, Mr. C.-J. Simard, could not attend this meeting and deliver the speech he was invited to give to the members of the Social Welfare Council.

I regret it for you and for me whom the Province has directed to replace him. I feel but too much, at this moment, all my inexperience in the art of addressing large and distinguished assemblies, and the great difference between this one and the familiar gatherings of University students or hospital nurses. On the other hand, I feel confident that you will be indulgent to a French Canadian addressing you in a language which is not his mother's tongue, but which he has endeavoured to master in so far as bilingual schools have permitted.

Dr. Simard's absence has procured me the pleasure of meeting a group of citizens devoted to the noble cause of Social Welfare, who, not satisfied with carrying on their own business realize that it is every man's duty to help his fellow-creatures, in order that the helpless and the needy may be less unhappy, that the overworked and the overridden may have rest, in order that welfare be not the exclusive lot of one class, but be extended by every possible means to all humanity.

Your zeal for this glorious work deserves all praise and I venture to say in my admiration, that if the example of men who give their lives for their country is inspiring, there is as much inspiration in a noble life as there is in a heroic death. And I hope that one of the results of the tremendous war in which so many of our fellow-citizens have shed their blood upon foreign battlefields will be to emphasize the doctrine of human solidarity, the necessity of our sharing in the Social Welfare of our fellow-men, if we want to avoid the perils of Socialism, Bolshevikism and other evils. The doctrine of Christ is eminently Social; the doctrine of men is Selfishness, while it should be Charity and Brotherhood.

Read at the Social Welfare Congress, Guild Hall, Toronto, January 15th, 1919.

Permit me therefore to congratulate you, because a life devoted to the public and overflowing with good exerts upon the human race and upon the destiny of the world an influence greater than any death on the battle-field.

In my capacity of General Medical Superintendent of Lunatic Hospitals, I will speak on mental insanity from the standpoint of foreign-born patients.

If our hospitals are overcrowded, in the opinion of the Government, it is not because the mentally defective and the feeble-minded are more numerous than elsewhere, but because the foreign-born element occupy too large a place in our asylums. I will not speak of the British-born, although they, too, are in abnormal number, except to point out that if immigration agents had been more scrupulous in the selection of their recruits for this Dominion. there would not be such a large number of foreign-born as inmates of our hospitals.

Judging by the results, it seems evident that these agents were satisfied with obtaining the premium offered for each immigrant, and that it mattered not to them whether the enticed colonist was rather a candidate to psychiatric treatment than a worker in a great country; quantity and not quality, in many instances, was their only motto.

This appears mostly in the case of foreign-born patients of whom it is my purpose to speak to you to-night. On this point I feel comparatively at ease because. although nearly twenty per cent. of our insane, in Quebec, are foreign-born, my province is not much affected in comparison with the provinces of Western Canada, in which nearly fifty per cent. of the patients in the asylums are foreign-born. Moreover, if we consider that the province of Quebec is the only one in the Confederation to declare annual surpluses under the wise administration of our Prime Minister, Sir Lomer Gouin, it is easy to understand that having the money with which to maintain our patients, we have less reasons to feel the burden imposed on us by the immigration policy of the Federal Government.

We, however, realize that the money we spend in the maintenance of the aliens of that category, who should have been left to be cared for by Russia, Austria, Germany and other countries is wasted and might be better employed in the promoting of colonisation, the improvement of education and the betterment of industry within our province.

Let us ask therefore why so many of the patients who fill our hospitals are foreign-born.

Firstly, because most of the immigrants that have come to this country in the last years previous to the war, were unfortunates, poor people whose life in Europe was intolerable and to whom a change of country was a blessing. They accepted with joy to exchange their

native land for Canada, the land of liberty, where they might have found peace and happiness if philanthropic societies had been organized in this new country to receive them on their arrival, to direct them and to protect them for a while. But not knowing any of the two languages of the country, timid, ignorant of the laws of Canada, they had to suffer the pangs of hunger, the terrors of anxiety. They had fallen out of the frying-pan into the fire. Any one, vitiated as most of these were, would have, no doubt, been unable to bear the strain and would have found his brain get confused.

These immigrants were contaminated in various ways, some were of alcoholic and many others of syphilitic parentage. Fearing to find in this country the same autocratic government as in Russia, Germany or Austria, haunted with the idea of persecution, they were overcome by despair because the Government, which had invited them to come, had made no provision for their reception through organization of philanthropic societies for the aiding of immigrants.

Another cause of the numerous cases of lunacy amongst the foreign-born is the facility with which these were admitted. Dr. J. D. Pagé, chief medical officer of the port of Quebec, in a paper read at the Fourth Annual Congress of the Canadian Public Health Association, in Toronto, September, 1915, entitled: "Immigration of the Mentally Unfit", declares that a change in the medical inspection of immigrants is necessary, because Canada is facing a danger worse than overcrowding and drinking polluted water, namely: "getting directly into the blood of the nation the blood and the inherited defects and diseases of the feeble-minded and the insane".

He shows in this paper the necessity of making the medical inspector a permanent officer, so that he may take more interest in the medical inspection and not divide his time with private practice. The medical inspectors should be more numerous and should possess a little more knowledge in psychiatry; they should be supplied with adequate quarters for the detention of suspected cases under mental observation, for, as he says, "It is futile to attempt to exclude insane and mentally defective immigrants without providing facilities for the detention and examination of those suspected".

Do you not think it was and it is the Federal Government's duty to see that the medical examiners be equipped so that their delicate work of detecting the mentally defective should be effective instead of being made materially impossible.

To detect a mentally defective person requires from the examiner, in addition to an alert mind and a keen sense of observation, sound judgment; if he is gifted with all these qualifications, what result can the Federal Government anticipate from his inspection when the multi-

tude of races pass before him at the rate of two hundred persons per hour? And if he is suspicious about a case that needs observation, is he not compelled to overlook it because the necessary quarters for such observation are lacking?

This seems to me the greatest cause of the increasing number of foreign-born in our hospitals, and the Federal responsibility is obvious.

On April the 25th, there were held in Washington, D.C., conferences of an Inter-State Committee of state departmental heads of fourteen states which, being alarmed at the increasing number of aliens in hospitals, proposed a permanent organization of state departmental heads of all the states of the Union for the purpose of coming to a common understanding on immigration laws to bring about complete uniformity in statistics and accounts in connection with state support of aliens.

The second object of that assembly was to discuss the terms of a uniform contract to be entered into by the Federal Department of United States and each of the several states, which contract should define the liabilities of the Federal Government under the laws as well as the obligations of the states regarding the care and support of deportable aliens.

It appears in this report that these fourteen states wanted the Federal Government of Washington to take the complete support of the aliens introduced into their midst by regulations of the Federal Immigration Law. These states thought that the Federal Government should be held responsible for these aliens, because the states had nothing to do with the preventing of their coming into their respective territories.

We would not like to be too hard on the Dominion Government, but we think that we should, like the United States of America, ask it to take charge of these foreign-born patients in our asylums. When a glass is broken by a boy, the father pays the bill; when a messenger boy runs away with the trunk or parcel you had entrusted to him, the express company, or when it gets lost or burnt, the company pays the bill; the employer is held responsible for the faults of his employees and he pays the bill. Thus should it be with the medical inspector; if he commits an error, voluntarily or not, and admits insane or mentally defective immigrants, the Federal Government should pay the bill.

It is not sufficient to ascertain whether the immigrants are suffering from trachoma, it is necessary to know whether these people are not contaminated by heredity, if they are not alcoholic or syphilitic or otherwise undesirable. And all this information is not likely to be obtained by a glance of the medical officer.

The Immigration Department should not be managed to serve the interest of transportation companies, but to promote the general welfare of the whole country. But since the evil is done, since our asylums are

overcrowded with the foreign element, we shall have to carry the fatal burden. These patients have to be cared for. We are willing to continue to keep them in our asylums, but since the Federal Government is responsible for its negligence and the errors of its employees, let the Federal Government pay their board to the respective provinces. If the tax imposed on Chinese immigrants is not sufficient, let it impose a tax on all immigrants and the proceeds be devoted to paying for the board of aliens both past and future. The United States collected, last year, $9,000,000 which was to be spent for that purpose. Let us follow their example and impose by our immigration laws the necessary restrictions for the protection of our health and prosperity. Canada must not be an open field for the scum of Europe. Let us require from immigrants the proofs of their admissibility.

When the immigration agents will be aware that they are responsible to the Government, if they entice colonists not mentally fitted, they will be more careful in their solicitations. The Government itself, in order to benefit by the money derived from head taxation, will make stricter regulations, and give to its medical inspectors more facilities for detecting the mentally unfit amongst immigrants.

I think it should be represented to the Federal Government that the provinces should be relieved from the obligation of boarding all these foreign-born and, as the representative of the least affected province, I take the initiative of such a step and I would with pleasure second any motion in this sense.

I hope my remarks have not offended any person in this distinguished assembly. I can assure you that they have been made with a deep sentiment of public spirit. Permit me to remind you that I am a French Canadian, and as such love Canada more than any other country. Like my fellow-citizens, I want Canada to be a land of liberty, a land of justice, where the descendants of two great nations united in the pursuit of one common ideal may work, guided by the fundamental principles of equity, at the building of a great nation, since it would be the combined mentality of French enthusiasm and politeness with Saxon wisdom and fair play.

Shell Shock

C. F. Tisdall
Capt. C.A.M.C.

I HAVE been asked this evening to give a short paper on "Shell Shock" from the aspect of its occurrence in various psychosis as well as in cases of defect. When examined superficially this division might appear to be of rather minor significance, but on close examination of our cases and the literature available, it is at once apparent that its prevalence is much greater than would be at first supposed.

The strain of modern warfare brings into prominence the individual where "nerve stamina" is below the average and although in civil life he may have been able to make a passable showing and adjust himself to his environment, in military life he is unable to do so, either in undergoing ordinary military discipline or bearing the stress incident to active service. This fact is amply borne out by a survey of the cases at College Military Hospital where numerous instances are found of individuals who before enlistment were good labourers and an asset to the country, while in the army, although doing similar work they are only a liability, and a heavy one at that. Other cases present, on close examination, a history of former "nervous breakdowns" in civil life in which the symptoms are *identical* with a number of the most prominent ones in so-called "Shell Shock".

It is evident that in the examination of recruits enough stress has not been laid on the previous mental history. This is well illustrated by C. Stanford Reid (Ref. 1, A Survey of War Neuro Psychiatry Mental Hygiene, July 1918), when he states "I have had a man under my care whose previous history sheet was marked under the heading of 'Slight Defect' but not enough to cause rejection, 'Two previous attacks of insanity' ".

Hart (2 Ref. Hart's Psychology of Insanity) shows very clearly and concisely the development of mental conflicts with the resultant repression and dissociation, and states that the tendency to dissociate is probably an inherent one, as is readily shown by the frequent history of a similar condition in the parents. The normal person has his mental conflicts and adjusts himself to them while the abnormal person represses them and shows evidences of dissociation. Thus it is a fight between the force of the conflict and the tendency of the individual to dissociate, and military life certainly increases the conflicts. Trotter points out (3 Ref. Instincts of the Herd in Peace and War) the immense significance of the

conflict between the primitive instincts and the herd instinct and it is plainly evident that the primitive instinct of self-preservation is more prominent in warfare than in civil life.

In a report by the Invalided Soldiers' Commission (4 Ref. Report of Work of Invalided Soldiers' Commission, May 1918, page 23) an analysis of nearly 6,000 invalids returned to Canada from July 1st, 1917 to September 30th, 1917, shows that 593 cases, or 10%, are nervous and mental cases. This group includes 398 cases or 66% designated as nervous and 123 cases or 20% designated as mental disabilities or defect. This means that one man in fifty returned to Canada is a mental case.

There are various institutions throughout Canada for the care of these, such as the Ontario Military Hospital at Cobourg. The "war neurosis" are sent to the neurological centres of each district, College Military Hospital being the centre for the Toronto District. A point to be remembered which is not so applicable now as before the Armistice was signed, is the fact that at College Military Hospital we are dealing with cases in which there is little prospect of their returning to the firing line, or even continuing in the service in Canada. The importance of this is shown by De Fursac (5 Ref. Traumatic and Emotional Psychosis, so-called Shell Shock, *American Journal of Insanity*, July 1918, page 45) when he states "There are patients in whom the symptoms of asthenia with amnesia, a heightened emotional state and over-activity of the imagination, lasts a year or longer. There exists at the present time a factor by which the prognosis of emotional war psychosis is radically biased. It is the war itself. The prospect of returning to the front constitutes for many of the emotionally unstable an obstacle of recovery which may alone be of such power to impart to the disease the appearance of chronicity which has been noted in some cases". Also at College Military Hospital the pension motive, whether conscious or unconscious, is removed as the patient fully understands there is no pension granted for functional disabilities. In a series of 80 overseas cases they had been in the hospital an average of ten months before arriving here. Thus it is seen that although we are dealing with the most severe and persistent type of war neurosis two of the greatest factors delaying their recovery are removed, and in place of them is the motive to return to civil life and in the majority of cases to their families.

In a large number of cases of "shell shock" in psychosis they present the ordinary signs and symptoms of so-called neurasthenia. They are all easily startled, complain of headache and dizzy attacks, sleeplessness and disturbing nightmares. They have poor appetites, coarse or medium tremors, and in some cases hysterical symptoms centred on an organ region or function of a part. The basis of their trouble is explained to them as the conflict between their emotion of honest fear and their sense

of duty as men, and they are given in addition to psycho-therapy physical training and occupational therapy. They improve, but their improvement is slow and you begin to wonder whether you have really got to the bottom of their trouble. The tremor and movements which at first appeared to be similar to those in ordinary "neurasthenic" cases are seen to be definite mannerisms, and little peculiarities in the patient may be noticed, as in one case whenever he was going out of the room he would get to the door, stop, stand there for ten or fifteen seconds and then go on. He would unfailingly do this. Another case stated that it worried him to have me talk to him. Some asymmetry of the head or high palate may be observed and on close questioning it may be found that he has definite hallucinations. His judgment will be found defective or he may have mild delusions of persecution. Some of his actions may be childish and *he is very suggestible*. A mild degree of catatonia may be present and his various complaints will persist or even increase with the slightest provocation. When the past history is obtained perhaps nothing more will be found than the fact that he did not like to associate with other people and always kept by himself, or a more definite history may be obtained that he had the same symptoms prior to enlistment, only they are now slightly aggravated. It is here that the home investigation by the Social Service Department of this hospital is of inestimable value. (I have in mind one case that I worked with for over three months trying to clear up his nightmares which were in connection with a bombing raid, only to find through the Social report that "his present symptoms were the same prior to enlistment".

Analysis of 80 overseas cases which have been under treatment at College Military Hospital gives us some remarkable and rather unexpected results. There are 9 cases or 11% that could be called normal individuals. Their service in the front lines in combatant units averaged fifteen months and might add that the next group are classed under the loose term of "neurasthenics". The great majority of these gave a definite history of always being somewhat easily startled or subject to headache or lack of confidence. On getting to the front the shells "bothered" them from the beginning and they were always a little "jumpy". In a very few cases no definite history of the above symptoms could be obtained, but their appearance was such as to justify their being classes under this heading. In this group are a total of 36 cases or 45%, of which two-thirds reached the firing line in a combatant capacity for an average period of 4½ months, 14% being in labour battalions or Railway Troops with an average service at the front of 9 months. The remainder of the cases never reached France.

The next division includes dementia praecox, which contributes the amazing total of 15% or a little more than one in every seven. Of these

41% reached the firing line in a combatant unit with an average service in the front lines of 4½ months; 16% were in labour battalions or railway troops with an average service at the front of 8½ months. The remainder or nearly 50% never reached France.

The mental defectives constitute the next division. Of these there are nine cases or 11.5% of which two-thirds were in the front lines for an average of 5½ months, one case or 10% was in a labour battalion at the front for 9 months, the remaining two cases never reached France.

The epileptics totalled 5%, one-half of which were in the front lines in combatant units for an average of 10½ months, the remainder did. not reach France. In all the cases they gave a history of attacks previous to enlistment.

There remains one case of malingering with a service of less than one month at the front. One case of involutional depression who broke down in England and one case of manic depressive with a service of 14 months when he had an attack of depression, was sent back to Canada and after being in an asylum for three months was discharged. Six months later he re-enlisted and shortly after arrival in France had another attack of depression. He was apparently normal when discharged from this hospital eight months later. There are also seven traumatic cases with wounds in the head which were possibly complicated by an emotional psychosis. They had an average service of 12½ months in the front lines.

These sub-divisions overlap somewhat as there are one or two dementias that are also defectives, which are classed under dementias, and two or three defectives who were also malingerers. As this was only a symptom of their mental condition they were classed as defectives. The total per cent. of cases under the heading of psychosis and defectives is 30%, or nearly one in every third man.

The following table shows the classification of members of the Canadian Expeditionary Force as to country of birth up to March 31st, 1918:

		%
Canada, of British descent	147,505	45 {40.44
Canada, of French descent	16,268	4.46
England	121,571	33.33
Scotland	37,496	10.3
Ireland	12,657	3.47
Wales	3,574	1.0
Other British Possessions	3,648	1.0
United States	12,000	3.26
Other Countries	10,031	2.75
	364,750	100.01

A survey of the nationality of the above cases in the *Canadian* Army is interesting, 58% being English, while the Canadians are represented by 28%, Scotch 6.8%, 2 from the United States, 1 Russian and 1 Irish. I have written to the Record Office, Ottawa, for information in reference to the nationality of the men enlisted in the Canadian Expeditionary Force, but unfortunately have not as yet received their reply.

Practically all the dementias and mental defectives were seen by Dr. C. K. Clarke, as were also the two cases of manic depressive and the involutional depression.

When thirteen local cases are added to the above series we find they consist of six dementia praecox, bringing the total to nearly 20%. Two mental defectives, both malingerers, two malingerers, one epileptic and one neurasthenic.

I have two cases to present this evening, one a mental defective and the other a psychosis. The latter case, Cadet N., is in the next room and I hope to be able to demonstrate to you some of his repressed complexes.

Case No. 1, a mental defective. Private W., age 20, drafted on July 20th, 1918. Twenty days later, August 9th, was admitted to the College Military Hospital complaining of general tremors of the whole body and weakness and pain in both legs. Symptoms came on suddenly one week before while doing physical training. On examination no organic signs could be found to account for the above symptoms. He was put on heavy fatigue and given strong faradism by means of the electric wire brush. After three applications of the electrical treatment his tremors stopped and he was returned to his unit at Niagara with a statement that whenever he got into difficulties he would probably develop other symptoms of a functional nature. He was re-admitted to the College Military Hospital October 25th, 1918, complaining of vomiting after meals. A short time before a draft had left for England and he was expecting to be sent on the next one. He was given daily lavage and in a few days was returned to his unit, his vomiting having stopped. His former history before enlistment showed that he had never left his father's farm. Mental age by the B and S tests between eight and nine years.

Case No. 2, Cadet N., age 30, Canadian (former occupation, professional singer). Admitted to College Military Hospital August 27th, 1918, with a diagnosis of epilepsy. States he tried to enlist in Officers' Training Corps October, 1914, and also in June, 1915, being rejected both times on account of having enlarged tonsils and chronic inflammation of throat. In November, 1917, under the Military Service Act he was placed in Category B-2. In April, 1918, before being called he asked to have his category raised in order that he could join the R.A.F. This was done. He carried on with his training until June 1918 and states that during

this time was quite happy and contented and anxious to get to France. On June 15th, a very hot day, while taking a lecture he became unconscious and remained so for about an hour. He was told that it was sunstroke. He was in the Camp Hospital for two weeks and then after a short leave went on light duty. He noticed at this time while taking wireless that there were frequent intervals during which he was unable to hear anything in the receiver, although a moment before he could hear perfectly well. On July 6th he was ordered to go to a fire at Port Credit and states that in his weakened condition the smoke bothered him a great deal. On July 15th when ordered to take physical training he "fainted" again after being out in the sun less than one minute. The "fainting" attacks became more frequent and he was told that during the fifth attack which occurred on July 22nd he struggled a great deal. On August 26th he had a severe convulsive attack followed by a period lasting a number of hours, during which he apparently imagined he was on the stage again as he went through the motion of putting on his make-up, bowing and singing a number of songs, etc. He was admitted to the College Military Hospital on August 27th.

His attacks of unconsciousness had been occurring about three or four times a week before admission to this hospital, but under psycho-therapy in which he was told that it was largely a matter that could be controlled by himself the occurrence of these attacks dropped to one every week or ten days. The interval since the last attack (October 30th) is now four weeks, while the longest interval before was something less than two weeks. It is to be remembered that the armistice was signed on November 11th. On November 12th I saw him for a moment and in answer to my question of what he thought of the news he said he was very glad as he had been worrying a good deal about his younger brother who had been ordered to report under the Military Service Act on November 18th.

(Projections). His past history shows that he had a fear of being smothered. This dates from an event in early childhood in which he got his head tangled in his nightgown. He was always easily frightened and his playmates used to tease him by hugging him and pretending to smother him. At the present time he had a number of peculiarities, such as not being able to have a towel over his face while in a barber's chair, always sleeping on two pillows, never putting anything on over his head if he can get into it feet first, feeling of choking and oppression if alone when the sun is setting, etc. This last peculiarity was so marked after starting on a canoe trip that he had to give it up as he became so depressed that he heard sounds all around him.

This case is interesting especially if we consider what would in all probability have happened if he had reached the firing line in an infantry battalion. During the first heavy shelling he would probably completely

dissociate as a means of avoiding the reality of an unpleasant situation. The subconscious, into which the motive to avoid that very situation had been repressed, would then be in control and he would wander away from the firing line. When he "came to" he would be dazed, would not know where he was, but would perhaps manage to return to his unit; he would tell his story that he had been carrying on in the firing line and apparently the next moment he had found himself wandering around a number of miles away. He would in all probability be put under arrest and tried for desertion.

Now when we examine the actual occurrences the motive which we plainly see by its projection on to his brother is repressed into the subconscious. The subconscious showed its influence at first by the fainting attacks; second by causing deafness while taking wireless lessons and when this was not sufficient to ensure a removal from the unpleasant environment a complete dissociation occurred in which, although he did not wander away, he showed the desire by living over again some of his experiences on the stage.

This patient dissociates very readily under light hypnosis and lives over again any former event which has made a marked emotional impression on his mind, such as any fires he has gone through, or times when he thought he was being smothered, etc. I hope to be able to demonstrate this now.

The Control of Cancer

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Reprinted from the Bulletin of the American Society for the Control of Cancer.

THE control of cancer is a subject that has been with us a long time but it has suddenly taken on a new interest. At this time when we are taking stock of our national resources in order to conserve man power and material wealth we are met at the outset with the cancer problem which is a waster with totals beyond the reach of the imagination even in these times when we are becoming accustomed to the stupendous.

That the importance of the subject in this connection is realized in some quarters is shown by the fact that the Committee of National Defense of the State of Texas has entered into an active anti-cancer campaign, placarding the state and filling the newspapers with articles calling attention to the cancer menace and the methods of combating it.

In presenting and emphasizing this subject at this time, it is not to detract from the great work into which we have all put our whole heart and soul but to reinforce in a very practical way the conservation of our resources. The doctor who can save a patient from a cancer illness and a cancer death, keeping him a producer instead of a consumer is "doing his bit" in no small degree.

The main facts regarding cancer are well known to medical men. It is a disease without a specific remedy. It is neither contagious nor hereditary but selects its victims in an apparently lawless and erratic manner but following an indefinite law by which the most civilized races are the most liable to its ravages and if we can rely upon mortality statistics it is increasing at an alarming rate in all civilized countries.

In our country one out of eight of the women reaching the age of thirty-five become a victim of cancer and one out of eleven of the men, giving a total of 80,000 per annum for the United States. If we figure out the average expenses of the years of illness preceding a cancer death, the loss of production during that time and the loss of productive years from an untimely death and multiply it by 80,000 we have a sum beyond the reach of our imagination and the pity of it all is that the greater part of all this loss and misery is preventable by simple and practical means.

Of course there are some tumors that begin in the internal organs and run their inexorable course with nothing to be done but to accept the inevitable. These cases are in the minority but speaking generally there is a precancerous stage to all cancers, a stage in which the growth is

something else before it becomes a cancer and in this stage it is amenable to simple treatment or eradication.

We have all watched the growth and development of a cancer on the face. There is first a heaping up of a few epithelial scales, hardly noticeable, which later becomes a papule with a waxy base, then a scab forms on the top and in the following months or years it develops a little ulcer which slowly spreads, destroying everything in its reach, eyes, nose or mouth, until the victim becomes an object of horror and loathing.

In 802 cases of these skin cancers analyzed by Bloodgood there was not one in which the growth was not grafted upon some other abnormal condition and which could not have been easily remedied in the precancerous or early cancerous stage.

The same principle holds elsewhere. In the uterus we usually have the history of an irritation from an old laceration manifest by a leucorrhea or an abnormal flow at or after the menopause. In the stomach cancer is preceded by a period of chronic indigestion that possibly could be cured if taken in time. And in the breast there is the lump which has perhaps been there a long time, painless and apparently harmless, but which increases almost imperceptibly until the fullgrown cancer is formed.

In all these cases there are warnings of approaching trouble if rightly understood. Unfortunately the warning is not pain. If it were there would be no great cancer problem, but warnings there are and clear and definite enough if they are but heeded.

Statistics from the large hospitals show that the average time from the discovery of the cancer by the patient until competent advice is sought is one year with men greater offenders than women and this seems to hold in other countries besides our own.

With our present cancer situation it would seem theoretically that the control of cancer might be a simple affair; we have but to eliminate the year of waiting after the cancer is discovered and heed the early warning.

By the age of thirty-five, all warts, excresences and benign tumors that should never have been tolerated that long should be removed. All skin lesions which may subsequently produce cancer should be eradicated; and the method of eradication is unimportant so long as the work is done by a competent and experienced physician or surgeon.

The lacerated eroded cervices should be repaired or amputated and the cases of chronic indigestion, though a much less promising field, should be given the benefit of advanced medical or surgical treatment after an X-ray examination.

There are no new methods of dealing with cancer, surgery has gone its limits, X-ray and radium often only raise false hopes and the research laboratories seem as far as ever from giving us a specific but we have in our old methods relief from the most of the evil if we would but use them.

But the question arises: How can we do anything unless we can get hold of those affected with the precancerous lesions? And the answer to that involves the whole subject of cancer control. We cannot do it all at once, we cannot get all the cases, but we can do something; and if anything is accomplished the organized medical profession must do it.

We need the co-operation of everybody; we need a good active committee representing each district in the state. The committee can act for the state at large and each individual member can be the director of the work in his district. The local societies can be urged to join in a publicity campaign and the individual doctors interested enough to talk cancer, whenever opportunity presents.

There are some dark spots in our profession that need looking into. Statistics from some of the large clinics show that a considerable per cent. of the delayed cancer cases were given bad advice by their attending physician, who either from ignorance or cupidity counselled palliative treatment.

The organized nursing profession can be made a factor in this campaign as the relation between the nurse and the families in which she is employed gives her an opportunity to know of many hidden lesions and give much needed advice; lectures on cancer control should be included in the curriculum of every training school for nurses, women's clubs, commercial bodies and occasionally the services of a public spirited citizen all help.

The American Society for the Control of Cancer is organized to aid all efforts along these lines, by furnishing information, sending out pamphlets or providing lectures upon certain occasions.

But after all the newspapers are the great source of education and enlightenment of the public; and just here we see a most deplorable state of affairs; the advertising columns of otherwise respectable papers are loaded with fake advertisements ranting against the cancer victim's only means of salvation in an endeavour to get some of his money at the expense of his life. And the newspaper managers seem to have no compunction in aiding the crime for their share of the spoils; the religious papers are the worst offenders of all.

The papers however can be made to exert a powerful influence in the cancer campaign by a little effort on the part of the committee, they will publish unlimited information regarding cancer especially if the articles submitted are backed by some organized body; and who knows but that some of them will stop their vicious advertising especially in these times if the matter is presented to them in the proper light.

Like all campaigns for the education of the public it is no use to tell a thing once or twice but it requires constant repetition from all points of view, till the main facts are known and remembered by all.

A campaign of this kind is not a passing fad; it is entirely practical and productive of results; it has been shown repeatedly that when an intelligent propaganda is carried on in a community the cases come earlier and the death rate is diminished.

President's Address

Dr. H. W. Hill

GENTLEMEN:—Our convention this year is held on the eve of a great public health advance which has come so quickly and so quietly at the end and I hope so completely that we have hardly had time to realize it. Health officers have been regarded as outcasts so long and back-yard inspectors as official cranks on cleaning up alleys that the recognition of the Health officer as an infinitely useful member of the body politic was not so long ago regarded as a grudging concession to the health officer's own feelings, not to his actual value with the advent of a smallpox epidemic we, M.O.H. became for a moment men of importance, but as the epidemic waned he returned into the obscurity and so remained until next time.

The war has brought public health into its own, not alone in infectious diseases in general, but from July 1st, 1918, as the storm centre of the general attack on diseases more important even than tuberculosis, viz.: syphylis, gonorrhœa, chancroid.

The health officer will in the next few months make more impression on his community than he has done in the past five years and I understand that the provincial government is more than ever behind such health officer who seriously and efficiently proceeds with the new and onerous tasks laid upon him.

Gentlemen, I could give you statistics but here it is unnecessary, but you know as well as I do that there are three great lines of public health work to-day: tuberculosis, venereal diseases and child welfare; each a great field, all overlapping somewhat, yet each having its own special feature. The other infectious diseases are relatively small matters: typhoid fever, measles, and erysipelas, are all but things of the past in civilian circles. Owing to anti-typhoid inoculation, typhoid is practically a thing of the past in our armies. Diphtheria, scarlet fever, whooping cough and measles, take their toll, but in a relatively small scale and with the reorganized relation of the medical profession to the public they will lose weight rapidly. Tuberculosis we know how to handle, although we do not by any means live up to what we know. Child welfare we are anxious to do, and the public is anxious that we should do more than we have yet set out to do. Child welfare is largely a problem of which we know the solution. The venereal diseases, however, remain to be worked out and it is up to the health officers of the war years to

Read at the Annual Meeting of the Canadian Public Health Association, May, 1918.

march carefully and plan wisely and to bear the heavy brunt of the first attack upon this problem. It is a difficult one, but rather I think, because of its psychology than because of its administrative difficulties. Where shall I begin? Every M.O.H. has asked himself that question. Personally I believe the answer is with the notorious women of the town. We have such known to be responsible for infection and many will testify to that fact. They are suspects and, therefore, may be examined as such. If infected the law is clear. It will take a little nerve and the support of your police magistrate, and the government must be ready to provide a place for treatment. The nerve I know you have. You would not be M.O.H.'s if you lacked it. Police magistrate support you will get. The police magistrates as a whole are with us. But, for the places of incarceration for the infected we must look to the government to provide. As I see it we are helpless without them.

Gentlemen, a president of a Child Welfare Association recently said that child welfare was not a patriotic movement, however much to be commended in other respects. I wish here and now to register my profound belief that while at the moment the trenches represent the urgent peril of patriotism and call for the maximum effort of the very best of it and form the essential without which everything else may become nothing, yet public health work remains the closest second to the trenches that we can conceive of, while within public health the urgent point is that same child welfare, but can we have child welfare worthy of the name if we preserve the children through their earliest years to suffer syphylis, tuberculosis and the rest in later years? Why save the children if we do not make the world safe for these children to grow up in? We figure the Kaiser and we figure syphylis the kaiser of disease. Which is the worst? If your boy falls before a German shell, he has, at least, died a worthy death, but if he falls to syphylis, what consolation have you? The Kaiser must die sometime in the course of human events, but syphylis and gonorrhœa show no signs of old age yet. They are not paranoids, and I cannot see but that they form a group harder to deal with than Germany and Turkey. Our army has done a great service in these fields as well as in the other. It is for the civilian population led by our own noble branch of the finest profession in the world to win this victory as the professors of arms are winning now the other.

Letters from Home

The following material received by *The Public Health Journal* from the Commission on Training Camp Activities of the United States War Department is reproduced in full. It forms an interesting demonstration of one phase of the Social Hygiene programme launched by the United States Government—a movement which might well be copied in Canada.

War Department

Commission on Training Camp Activities, Washington

105 West 40th Street,
New York, December 4th, 1918.

To the Editor,

Just now it is extremely important that the health, happiness and morale of our military forces be kept right up to the 100 per cent. mark.

In camp here, or overseas, the men need *letters*—letters with the real home touch and above all the mother touch.

Secretary of War Baker and Mr. Raymond B. Fosdick of the War Department, Commission on Training Camp Activities, feel that such letters will be of inestimable value. For that reason Mid-December has been designated as a "letters-from-home" period.

Great publicity and news interest will attach to this event from coast to coast. *Important statements* from Mr. Baker and Mr. Fosdick, an advance news story and a typical *mother's letter* full of real heart gripping human interest, will be supplied you free of all charges in the form of ready-to-print plates making two columns.

We want mothers, fathers, sisters and sweethearts to pen letters by the million. We want those letters to follow in thought the splendid mother's letter shown in the enclosed proof.

It is the sincere hope of the War Department that you will arrange to carry this material in your paper for the week of December 15th.

Help the Government to make "Letters-from-Home" Season a success. Let your readers know that they can do more than anyone else to bring the boys safely and happily home again.

We will appreciate a copy of your issue at the below address, that we may forward it to the Secretary of War.

Very truly yours,

W. H. Zinsser,
Director.

"Letters from Home" Day

This Copy Supplied by War Department Commission on Training Camp Activities is for Release on Sunday, December 15th.

(Advanced Special)

Secretary Baker urges Letters with "Home-touch" for the Boys

My dear Mr. Fosdick,

The eyes of the world are upon our soldiers overseas to-day not more for what they have done than for what they are now called upon to do. Before them lie the tasks of helping to rehabilitate the devastated lands of France and Belgium and of making sure that the victory in which they have so gloriously shared shall be a permanent one.

This means that we may not expect soon to have them all with us here and to greet them face to face. The postponement of their home-coming will be often uppermost as well in their minds as in ours. They will yet meet and must overcome many difficulties without either the incentive or the excitement lent in the past by the activities of war. They need our help and encouragement now perhaps more than at any other time since they left home in order that they may be inspired and strengthened to maintain that fineness of character, manner and conduct which has earned for them such universal respect.

I believe that among all the influences which may be focused upon this object, the strongest and most far-reaching is that which emanates from home letters, and I therefore urge the mothers, fathers, wives and sisters of our soldiers overseas to express themselves earnestly in their letters as their share in seeing that the high standards which America represents both here and abroad shall be constantly upheld.

Cordially yours,

NEWTON D. BAKER,
Secretary of War.

MR. RAYMOND B. FOSDICK,
Chairman, Commission on Training Camp Activities.

(Advanced Special)

Turn the Boys' Thoughts Homeward, says Fosdick, asking Co-operation

Washington.—(Special.)—Just before leaving for France to superintend the demobilization activities of those organizations which recently took part in the United War Work Campaign, Raymond B. Fosdick, Chairman of the Commission on Training Camp Activities, was interviewed with regard to the present situation of our overseas forces.

"The problem presented by the gradual demobilization of more than two million men three thousand miles from home is one which will tax all

our social resources", said Mr. Fosdick. "It is above all a morale problem, and it must be faced as such, with the full co-operation of fam lies and friends here in this country, if it is to be solved successfully. Every one who has a son, a brother or a sweetheart over there must help.

"While the war was on our boys were fully occupied; they were still filled with the spirit of adventure, looking forward rather than back. Now, however, the fighting is at an end. They are going to remain, most of them, many months doing work which will be neither exciting nor particularly interesting. They will get lonesome, bored and terribly home-sick.

"The $170,000,000 raised in the recent United War Work drive is to be used precisely to bridge over this period by providing recreation and amusement. But no amount of mere money expended in such a way will be enough. What these boys really want is not diversion, but human interest and sympathy. These things expressed in letters from home will warm their hearts and create a home atmosphere around them, even while they are absent from the family circle.

"Such letters may be a very necessary sheet anchor to windward in the case of some boys. The thought of some one waiting for them, counting on them, will, more than anything else, make them hold back and think twice before plunging into situations which might mean harm and unhappiness for them.

"We have raised the cleanest army in the world. We have kept it clean. We hope to bring it back as clean and strong as it was when it left us. But while we believe our soldiers will stand the present test—the hardest of all in some ways—as bravely and successfully as they have stood every other test of their manhood and endurance, it is our duty to give them all the help we can.

"This, as I have said, can best be rendered by means of letters which will begin now, at once, not only to satisfy their home longings, but to turn their thoughts from tasks already accomplished to the long years of life ahead of them."

(Suggested Editorial)

Home Touch Letters Needed

"Our soldiers overseas," says Secretary of War Baker, "need our help and encouragement now perhaps more than at any other time since they left home in order that they may be inspired and strengthened to maintain that fineness of character, manner and conduct which has earned for them such universal respect".

This is a statement which we shall all do well to consider very carefully. It is not that we think there is any grave danger of our boys, who stood up so well under a prolonged strain of one sort, now going to pieces

under what may be an equally prolonged one of another sort. But there is no use denying that the situation in which they find themselves is exacting in the extreme and one which will require the maximum of self-control and self-discipline to surmount. In fact, many, if not all, of these boys would far rather take a chance at going "over the top" than to enjoy security under conditions as dull and monotonous as those of the trenches without the thought of the zero hour to steady them.

From now on the tasks of these boys will be far less interesting and exciting than before. They will have more leisure in which to be homesick and bored. Above all, they will not be able to see as clearly the value or significance of the service they are now called upon to perform.

Furthermore, let us not forget that these are not altogether the same boys who ssiled from Newport News or Hoboken. They have had a thousand new experiences which have changed them. They are not boys at all now in most instances. They are men, with a new, more intense restlessness, created in them by the Great Adventure, and they will expect to be treated like men.

All this, of course, is as we would have it; but, none the less, it places upon us a new obligation and responsibility. Since our soldier cannot come home at once it is for us more than ever to carry the thought of home to our soldier. Even though he is three or four thousand miles away from us, we must by our letters, carrying messages of interest and sympathy, bring him back into the family circle and hold him there unwaveringly.

If such letters were important while he was on the firing line they are a hundred times more important to him now. Then it was only at intervals that the thought of home occupied him. Now it is likely to be constant, and it is this very hunger for the things which home alone can hold—hunger coupled with a new sense of freedom and a very human longing for adventure—which may prove very dangerous

Secretary of War Baker and Mr. Fosdick, Chairman of the Commission on Training Camp Activities, have both been in France. They have spent weeks with our soldiers. They know what these boys need and how much they need it. They ask now that a concerted effort be made by the whole country to break down the barrier created by three thousand miles of ocean. They say that the thing which will do this most effectively is the right kind of letters from home.

Let us all work with them in this. Let us see that our boys get, and keep on getting, the kind of letters that count—letters full of the home flavour, full of news and encouragement. If they get such letters from us they will not mind marking time so much after all, and we can feel that we are doing our little bit to help them through this ordeal, as we like to feel we helped them to man the wet and slimy trenches.

(Advanced Special)

Letters Like These will be Appreciated by Your Boy

Suggestion for Dad's Letter

Dear Boy,

I've just been watching your mother's face as she was writing to you. I don't know what she said, but I'll bank on it that she was telling you some things you ought to know, because she's been at work for nearly two hours, and she's worn all the paint off the end of the penholder.

She's spent days going over all your civilian clothes, and the house smells so of camphor balls that I have to smoke that extra cigar every evening in self defense. Your room's all ready for you—sheets on the bed and everything.

I have an idea you'd better read that letter of hers over two or three times. She believes in you, but there never was a mother who didn't have somewhere down deep in her soul just enough fear of human nature to make her worry about her son. They know men better than most men know themselves. So if she's given you any advice take it. I know that all she's asked of you is a square deal, and I know you well enough to be sure you'll give her that, and then some.

I'm not expecting you to drop in on us before next Sunday anyway, but when you do I think I can scrape up the interest on a Liberty Bond or so to buy a new suit and a pair of regular shoes for you. Your mother and I are both going to bed a little earlier than usual to make the time pass quicker. And we've bought a new flag to wave at you. So don't wait any longer than you have to, and while you're waiting don't forget that square deal. It means a lot to her. Hastily, Dad.

(Advanced Special)

Suggestion for Mother's Letter

Son of Mine,

They're sending you home to me at last. Through all these months of waiting and longing I've been wearing a star for you and holding my head high and thinking wonderful thoughts about you. I've watched you through ocean mists and dreamed anxious dreams. Yes, and cried a little, too, but not when people could see.

And now you're coming home. Oh, it seems too good to be true. I've just read your letters again. They say so much more than you ever thought when you were writing them. Just happenings—that's all most of the things you wrote about were to you. But to me they said you were facing the biggest thing in life, facing it bravely, as I should want my son to face it. You were offering your body and your soul for a thing bigger than you or me or America.

Don't think me silly or sentimental because I say these things. Just remember that while you were going through that fire and terror I had to sit here and smile. I had to try to be as brave as you, so that you shouldn't be ashamed of me. When I wrote to you I tried to write cheerful, encouraging letters, because I did not want you to go into battle feeling that I was holding you back from the big sacrifice. It's only now, when the fighting is over, that I can let down a little and be just your mother, just the woman who loves you better than anything else in the world and is so glad to know you're coming back to her that she doesn't care who sees her cry.

Perhaps for some of the boys who have stood with you so finely through these trials the fighting is not yet all over. The fighting I mean is that between a man and himself, and for many of them this will be the hardest battle of all. During the long days and evenings of waiting before they can start for home thoughts will creep into their minds which will be hard to resist. There will be times after all these months of action when the longing for change and for the companionship of women may lead them into associations which will spoil their homecoming and cause them shame and humiliation and even perhaps make them unfit to receive the love that awaits them here.

You, dearest boy, are just as human as your comrades, and feelings like these may come to you too. I don't ask you to crush them. They are natural, and they only prove that war has failed to dry up the well spring of your emotions. I ask you only to recognize them when they come and to control them with the fine strength you have gained while fighting for the ideals and principles of America. Just remember that many joyous years of life are ahead of you and that the risk of spoiling them and the love that will fill them is too tremendous to run for a short hour of seeming pleasure.

Many of the boys who will come home with you have no mothers to write to them. Some of them may think that no one cares what they do. But somebody does care. America cares. And the girls they will marry some day care. And, oh, the difference it will make in their lives if they will just remember that there is always somebody, always!

Help them to remember. Help them to come home clean and fine. Don't let them spoil everything now. They have been so splendid. If you think this letter will help them give it to them. If they have no mothers let me be their mother until they have come back and taken the high places that await them here. Tell them to write to me. How I should treasure their letters!

And, of course, you will write to me. Just say that you understand—that you know why I have written this letter. Then I can wait months—yes, even years—knowing that you will come home to me as fine and clean as you were when I sent you away to camp so long ago. MOTHER.

The Social Background

Winning Fights against Autocracy, Alcohol and Anarchy

REV. WILBUR F. CRAFTS, Ph.D.
Washington, D. C. Superintendent of the International Reform Bureau.

ON a December morning in 1917, when fifty eminent directors of the International Reform Bureau gathered for annual meeting, news came that General Allenby had captured Jerusalem; and I said, in the Superintendent's introductory address: "The war news brings us a good omen. We are nearing the Jerusalem end of the Jericho Road, but still fighting the greatest robbers of the race—Autocracy, Alcohol and Anarchy. We are encouraged as we look back to see robbers as mighty that have been slain; piracy, slavery and the lottery. We are encouraged yet more as we look forward to the New Jerusalem—the better social order we confidently expect after the war; a fraternity of democracies living in a warless and saloonless world".

1918, measured by the changes wrought in it, one would think a century. Autocracy has been driven from the earth. Kings that remain are only such in name, with far less powers than the President of the United States. Our country, at least, is assuredly saloonless from 1920. A *warless world* also is assured, though there will be many a wordy battle, particularly in the U.S. Senate and the British Parliament, before the excessive nationalism that is found even among the Allies, mixed with not a little militarism, is overcome. All who stand for a real League of Nations that will actually prevent future wars should get together in study clubs, and win over to full support of the League, that mightiest thing this side the Throne of God, international public sentiment.

The transformation from excessive nationalism to wise internationalism may take a little time, during which, providentially, Germany will be powerless. But we may set down a warless world as one of the things of which we are reasonably assured.

Is there, then, nothing left to fight? We answer in the words that recall another great triumph of liberty:

Read at the Social Welfare Congress of Canada, Toronto, January 14th, evening session.

"Did they finish the fight that day
When the Liberty Bell was rung,
Did they silence the noise of war
When liberty's triumph was sung?
Was Freedom made sovereign indeed
When the old bell pealed to the world
That the reign of oppression had ceased,
And the banner of Freedom unfurled?
A battle has raged since the world was new;
The battle is on; God calleth for you."

The International Reform Bureau has always had in its programme "the substitution of arbitration for both international and industrial war". My college prize essay was on "The Right of Revolution". But it should be proclaimed in every democracy that WHERE THE PEOPLE HAVE THE RIGHT OF SUFFRAGE, THERE IS NO RIGHT OF REVOLUTION. There is no right to violence when the workers have the ballot. *We should insist on compulsory peace as against industrial war, on the same grounds that we stand for compulsory peace against international war.* In both cases quarrels belong in the courts, not the streets.

KING ALCOHOL UNVEILED BY SENATE INVESTIGATION.

But here is the heart of my message: *We have not really cleared the world's politics of the despotism that imperils all democracies until we banish the liquor power*, whose secret control of politics by tricks as brutal as those of the Hun and closely related to them, has been exposed to the light of day by the U.S. Senate investigation of the brewers, who use similar methods to control politics wherever they are allowed.

The most serious harm the liquor traffic is doing is its poisoning of the springs of democracy by intimidating and corrupting officials and citizens. That is as much worse than the economic loss through drink as treason is worse than murder.

The U.S. Brewers Association ordered a boycott of the Delaware and Lackawanna Railway because, after a terrible accident, destructive of much property and many lives, and shown to be due to drink, for which the railroad had to pay heavy damages, the railroad management posted a notice that it would no longer employ drinking men. It was also admitted that the Blackstone Hotel in Chicago was boycotted because it stopped its illegal liquor selling on Sunday. Boycotted for obeying the law!

Any red-blooded patriot, regardless of his drinking habits, will say that such a despot and anarchist must be suppressed. Centuries of experiments show that the liquor traffic cannot be mended, and so should be ended. Only so will the world be "safe for democracy".

The Provincial Board of Health of Ontario

THE deaths reported for the Province for the last three months are 7,158. The month of October was the highest, 3,105, November 2,608, and December 1,568. It will be observed a marked decrease has taken place in the last month, only a little over one-half the number being reported compared with October.

The continued prevalence in some localities would indicate a recurrence of the epidemic.

The cities and towns reporting the greatest number of deaths (including some late returns for November) are as follows: Toronto 232, Hamilton 183, London 26, Sault Ste Marie 28, Ottawa 15, Windsor 38, Kingston 13, St. Catharines 39, Peterboro 32, Port Arthur 23, Fort William 30, Niagara Falls 11, Guelph 27, Welland 21, Sarnia 11, Sudbury town 77, Kitchener 12, Wallaceburg 43, Uxbridge 19, Huntsville 15, Midland 11, Collingwood 12, Hespeler 11, Fort Frances 16, Rainy River 8, Dunnville 11, Dundas 8, Kenora 9, Trenton 8, Pembroke 8.

Report of Communicable Diseases for the Month of December, 1918

COMPARATIVE TABLE

	1918		1917	
Diseases	*Cases*	*Deaths*	*Cases*	*Deaths*
Smallpox	5	0	65	0
Scarlet Fever	194	4	304	6
Diphtheria	278	24	369	29
Measles	18	3	667	3
Whooping Cough	57	5	357	6
Typhoid Fever	18	3	143	11
Tuberculosis	161	138	113	76
Infantile Paralysis	0	0	2	1
Cerebro Spinal Meningitis	9	6	7	5
	740	183	2027	137

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH

Diseases	December 1918 *Cases*	November 1918 *Cases*
Syphilis	64	17
Gonorrhoea	110	75
Chancroid	4	2
	178	94

1 Death from Syphilis.

The reports of Local Boards of Health show a very satisfactory decrease in all the diseases excepting tuberculosis, but the increase in this disease for the month is due to deaths reported by the Undertakers which the Local Boards failed to make.

Influenza

AT the recent meeting of the American Public Health Association in Chicago the important points elicited in reference to influenza were as follows:

(1) That the influenza bacillus is not the primary causative factor and that the actual cause is as yet unknown. Possibly a pneumococcus Type IV, a green producing streptococcus or the diplo-streptococcus may be of importance in causing death. Others are of the opinion that a filtrable virus is the cause. The reports indicate that the organisms referred to are found in a large majority of the cases, especially the fatal cases, and if they are not the primary etiological factors they seem to bear a definite relationship to the complicating and deadly pneumonia.

(2) The use of masks was freely discussed. There seems to be no doubt that the wearing of a suitable face mask will prevent the spread of pathogenic germs from the mouth and nose of the wearer, consequently the use of masks should be of value as a means of prophylaxis. This is a matter which can be controlled in hospitals and institutions where provision may be made for the use of proper masks, their regular cleansing and disinfection. It is doubtful, however, if it is worth while to endeavour to compel the use of masks by entire communities. To the writer it seems entirely impracticable.

(3) The discussion upon the spread of infection due to inadequate cleansing of mess kits in soldiers' camps seemed to demonstrate that this in addition to droplet infection was a significant factor. This fact was demonstrated in Canadian camps to the satisfaction of the Sanitary authorities some years ago and as a result all eating and cooking utensils used in common have since the winter of 1916 been boiled after each use

When one thinks of the inadequate cleansing of common drinking glasses in bar-rooms and restaurants there seems to be no doubt that such articles might be a ready source of infection.

(4) Vaccines.—There are two main types of prophylactic vaccines. One is prepared from various strains of the influenza vacillus such as has been freely supplied by the Board; the other is a mixed vaccine containing the various types of pneumococci, also streptococci, influenza bacilli and staphylococci. Both were regarded as being in the experimental stage.

As there is considerable difference of opinion among health officers, the profession and the public, with reference to the value of measures of prevention, such as the placarding and quarantine of premises where influenza exists, the Board has deemed it of sufficient importance to give the views of provincial and state officers of health in this respect as well as upon other points of interest.

With the view of learning the experience of the state and provincial health officers of the United States and Canada the Board addressed the following enquiry to all such officers, viz., "Does your province (or state) require the reporting, placarding and quarantine of influenza and if so, do you consider placarding and quarantine of such practicable?"

Replies were received from the health officers of the nine Canadian provinces and from 43 state health officers. Four of the provinces of Canada reported that placarding and quarantine of influenza was impracticable. One stated that "modified quarantine was working fairly well", another said that "the law was not well obeyed", a third stated "almost impossible in rural places" and a fourth "many infractions but believe good effect", *a single officer only declared it practicable.*

Of the reports from United States' health officers, 29 out of the 43 or 67% state that placarding and quarantine in influenza are impracticable. Of the remainder of the replies nine report the law practicable and five qualify their statement by such expressions as "seems to be of value", "enforcement depends on local sentiment", "law fairly obeyed", "beneficial", "believe quarantine should be included".

Thus it will be seen that out of 52 health officers of the states and provinces in North America, 9 report as the result of their experience that placarding and quarantine are practicable, 10 qualify their approval and 33 *frankly state that these measures are impracticable.*

The real facts, considering the views of the American Public Health Association as well as of the public health authorities of the two countries, seem to be, as Sir Arthur Newsholme, Chief Medical Officer of the Local Government Board of England, says, "*I know of no public health measures which can resist the progress of pandemic influenza*".

The Chairman of the Provincial Board says, "If our patients are put to bed immediately they feel the first symptoms of the disease and kept there for 5 days after the temperature falls, they will, in the largest percentage of cases, recover", and as remarked by Dr. Victor C. Vaughan at the recent meeting, "I say that in the face of the greatest pestilence that ever struck this country we are just as ignorant as the Florentines were with the plague described in history".

J. W. S. McC.

Red Shield Drive

AMONG the great social organizations which have received high praise for work among the soldiers at the Front, the Salvation Army stands out strongly. It is gratifying to know that during this month a campaign to raise $1,000,000 for the Salvation Army will be under way; that everywhere the proposal has been received with great enthusiasm and the substantial men and women of the country are getting behind the drive to make it a success.

Those who are acquainted with the social conditions of our great cities and understand the distress that follows unemployment, sickness, old age and other prime causes of poverty will appreciate the wonderful work of the Salvation Army welfare workers. In Toronto in the last year the women's social institutions of the Army dealt with 249 wayward girls and 200 children. Of the 249 girls entering these institutions 205 were passed out and only 7 cases proved to be unsatisfactory. These girls were sent to situations, to friends, to other homes; some are married and the Salvation Army itself employed a number. There were 44 girls left in the home at the end of the year. When it is understood that most of these cases came from the very dregs of society, largely through the medium of the Police Court, the showing is a splendid one and reflects credit on the enthusiasm and the tact of the women connected with this league of mercy. Over 200 children were picked up and cared for. Of this number 101 were placed in the homes of friends, 36 were sent to other homes, 6 were employed by the Salvation Army and others disposed of in a way that seemed best to promote their future welfare.

But it is of the work of the Army with the soldiers at the front and in England that we hear most of these days. Many of the war correspondents have recited numerous instances of Salvation Army officers doing wonderful service for the fighting boys even as far forward as the front line trench. Irvin S. Cobb says:

"I have yet to meet any soldier, whether a brigadier or a private, who, if he spoke at all of the Salvation Army did not speak in terms of fervent gratitude for the aid that the Salvation Army are rendering so unostentatiously and yet so very effectively. Let a sizable body of troops move from one station to another and hard on its heels came a squad of men and women of the Salvation Army. An army truck may bring them, or it may be that they have a battered jitney to move them and their scanty outfits. Usually they do not ask for help from anyone in reaching their destination. They find lodgment in a wrecked shell of a house or

in the corner of a barn. By main force and awkwardness they set up their equipment, and very soon the word is spread among the troops that at such and such a place the Salvation Army is serving hot drinks and free doughnuts and free pies. It specializes in doughnuts. The Salvation Army in the field does the real, old-fashioned home-made ones that taste of home to a homesick soldier boy."

Many of the high command of the British forces in France have publicly thanked the Salvation Army for its work. Sir Douglas Haig said:

"The Salvation Army workers have shown themselves to be the right sort and I value their presence here as being one of the best influences on the moral and spiritual welfare of the troops at the bases. The inestimable value of these influences is realized when the morale of the troops is afterwards put to the test at the Front. The huts which the Salvation Army has staffed have, besides, been an additional comfort to the soldiers which has been greatly appreciated. I shall be glad if you will convey the thanks of all ranks of the B.E.F. in France to the Salvation Army for continued good work."

These figures give some indication of the Salvation Army's work: 153 Refreshment and recreation huts in military camps in Great Britain, France, and other countries, at a cost of $350,000. 77 Hostels and naval and Military homes, with 4,000 beds, costing over $400,000, in operation; extension amounting to $100,000 in progress. 30 Motor Ambulance cars supplied for war zones in France, Russia and Egypt, at an expense of $50,000. 300,000 Soldiers and Sailors catered for weekly in various institutions. 41,000 Food Parcels and articles of clothing dispatched to Prisoners of War and Soldiers and Sailors. 30,000 Relatives of service men entertained at teas and social gatherings.

The Drive is endorsed by practically all the prominent men of Canada, including Sir Robert Borden, Sir Wm. Hearst, Sir Wilfrid Laurier, the Roman Catholic Bishop of London and the Lieut. Governor of Ontario. The $1,000,000 which it is hoped will be raised, will be devoted to continuing the Salvation Army work with the Forces overseas until the last Canadian soldier has left Germany; to provide emergency receiving and maternity homes for soldiers' wives, widows and dependent children in need; to establish hostels for returned soldiers until they are absorbed into industrial life; to continue the home visitation work so long followed up by the Army. These are big problems which the Army knows how to tackle better than any other social agency.

Footwear and Health

Constance E. Hamilton

DISRAELI said many years ago "Public health is the foundation on which reposes the happiness of the people and the power of the country".

When we realize the value to our country of individuals with well balanced and normally developed bodies, it becomes a duty to inform ourselves upon the functions of the body in order to keep it healthy. The foot has, through lack of information, been neglected and its functions abused although it is an important part of the body—as finely constructed and adapted to its particular function as the hand, the eye or the ear.

What do we do to our feet?

We raise them upon heels of such a height that they cannot balance the body as they are made to do, and we cramp them into such narrow boots that the muscles and joints are unable to have free play for carrying and moving the body.

Not only do we prevent the natural use of the foot, but by the present-day fashions we create disturbances of general health and many pains and discomforts.

Narrow pointed boots and high heels are the authors of hammer toes, bunions, corns, weak muscles, falling arches, many of the backaches from which women suffer, and much of the eye strain and nervous irritability.

The Paris (France) Academy of Medicine is so impressed by the effects of high heels upon the health of women that it has made an appeal to the public to end this injurious fashion.

On the grounds of safety, high heels also are an evil, as is proved by reports from the United States stating that during the year 1916, 1,149 people were killed and over 4,000 crippled from falling downstairs while wearing high heeled shoes.

National efficiency and security have also been affected. According to one authority "Sufficient men were rejected among the Canadian forces to form several battalions, on account of bad feet" while the American Museum of Safety states that 90% of the civilian population have feet more or less deformed, resulting in lessened efficiency, and one child in every five in the high schools in New York was found to suffer with weak arches practically all due to tight shoes.

On the other hand, it has been shown that the feet of all non-shoe-wearing races are perfectly normal and symptomless.

The fact of the matter is that while we cannot do without shoes in this country, we can at least see to it that our shoes do not cause injury to health. We have got this foot matter all wrong and our shoes are of wrong shape, they offend nature, they torture us, they cripple us.

A little thought will convince anyone that strong and useful feet are absolutely essential to good health and active life, and a determination to have shoes which will fit the natural foot will result.

If the public will demand a sensible shoe then the manufacturers will supply it.

Note and Comment

I.

SETS of lantern slides, illustrating the various steps in the invalided soldier's climb back from "down and out" to "up and in again", proved very popular last winter all over Canada, as well as on shipboard among the returning soldiers themselves.

We are informed by the Editorial Branch of the Department of Soldiers' Civil Re-Establishment that the slides have been thoroughly overhauled and many new pictures have been added, while new and up-to-date lecture material has been written.

The new sets are now being sent out, free of charge, on loan to ministers and other responsible speakers who realize the vital need of spreading information on this great national enterprise among all classes of the people.

Posters to announce the lecture are supplied in advance.

Application should be made as early as possible to one of the following addresses, according to the Province where the slides are to be shown:

Nova Scotia—Secretary, Returned Soldier Commission, 197 Hollis St., Halifax.

New Brunswick—Secretary, Returned Soldier Commission, 49 Canterbury St., St. John.

Prince Edward Island—Secretary, Returned Soldier Commission, Parliament Building, Charlottetown.

Quebec—Assistant Director, Department of Soldiers' Civil Re-Establishment, Drummond Building, Montreal.

Eastern Ontario, up to and including Belleville and North Bay—Editorial Branch, Department of Soldiers' Civil Re-Establishment, Ottawa.

Western Ontario—Assistant Director, Department of Soldiers' Civil Re-Establishment, 185 Spadina Ave., Toronto.

Manitoba—Assistant Director, Department of Soldiers' Civil Re-Establishment, Notre Dame Investment Building, Winnipeg.

Saskatchewan—Assistant Director, Department of Soldiers' Civil Re-Establishment, McCallum Hill Building, Regina.

Alberta—Assistant Director, Department of Soldiers' Civil Re-Establishment, Beveridge Building, Calgary.

British Columbia (Mainland)—Assistant Director, Department of Soldiers' Civil Re-Establishment, Board of Trade Building, Pender St., Vancouver.

British Columbia (Vancouver Island)—Secretary, Returned Soldier Commission, Parliament Buildings, Victoria.

Every applicant should state (1) his own position; (2) the nature of the occasion on which slides are to be shown; (3) the date, or, better still, alternative dates; and (4) the route by which the slides are to be sent.

II.

Elliott of Toronto, in his experience as visiting physician to a number of military hospitals, was called upon continually to make diagnoses upon large numbers of men with diseases of the chest. He found very many soldiers who had been returned from overseas because of the diagnosis, "tuberculosis suspect", whom he found to be really suffering from non-tuberculous pulmonary disease. There is no doubt, he thinks, that 60 to 80 per cent. of the cases returned to Canada from overseas as tuberculosis suspect must be classified as not suffering from tuberculosis. He classifies and gives differential diagnostic points on a number of conditions that may stimulate the symptoms and signs of pulmonary tuberculosis. These conditions fall under the following heads: intranasal complications, dental complications, diseases of the bronchial tree, pulmonary diseases, pulmonary abscess, diseases of the pleura, empyema, gunshot wounds of the chest, other pulmonary conditions, conditions secondary to heart and circulation, Graves disease and gas poisoning. He also has a few words to say about the malingerer.

Elliott, Jabez H., Pulmonary conditions simulating tuberculosis, *American Review of Tuberculosis*, 1919, Vol. 2, No. 11.

III.

As a part of the campaign of the Massachusetts Health Committee, described in the September issue of Campaign Notes, the following interview has been sent to all daily newspapers in the state:

"That a tremendous national campaign of publicity and preventive education against cancer such as was employed in the influenza epidemic would result in saving annually many thousands of Massachusetts citizens over 40 years of age from intense suffering and untimely death was the opinion expressed yesterday by Dr. Edward Reynolds of Boston, Chairman of Directors of the American Society for the Control of Cancer.

"Few realize," said he, "how easily most cases of cancer are cured by early surgical treatment, how dangerous every day of delay may be in precancerous conditions and how deadly is the disease when once it has become well established.

"Cancer is a very curious disease which is due to certain cells of the body multiplying so fast that they seem to run away with themselves. It starts in some one spot in the healthy body much as a case of measles breaks out in one house in a healthy city. If you shut up the house and never let the measles get out of it you avoid an epidemic. But if all the people from that house go out into different quarters of the city you are very likely to have an epidemic that gets beyond control.

"If cancerous growths are let alone for even a very little while the usual result is sending out through the body migratory cancer cells which may develop growths in so many places as to render operation unsuccessful. The localized precancerous condition is a mere nothing if you get it out of the body before the migratory cells get into circulation.

"The newspapers can do an immeasurable service to humanity by making known the following facts:

"Of civilized people over 40 years of age one in every 14 men dies of cancer and one in every 8 women. These figures are the careful computation of the life insurance companies.

"Cancer attacks more men and women over 40 than does tuberculosis, pneumonia, typhoid fever or any chronic disease. About 80,000 deaths annually in the United States are due to cancer.

"The majority of cases of cancer in the early stages are curable. The bulk of all cancers are in positions that permit of successful operation.

"After 40 it is highly unsafe to neglect persistent ulcerations, cracks in the skin, sores, lumps in the breast or chronic indigestion with loss of weight and change of colour.

"Birthmarks, moles or warts which change their appearance or show signs of irritation should be regarded with suspicion and should be examined by a competent surgeon.

"Medicine is worse than useless: By producing a period of freedom from discomfort it delays the proper treatment. Medical cancer cures are all bogus. Barring the use of radium or similar means for the small affairs of the skin, surgical operation is the only cure for cancer.

"In the earliest stages of the "precancerous" conditions the operation for cancer of the breast usually requires an incision only an inch or two long, necessitates carrying an arm in a sling for a few days, brings about only a trifling expense and causes no deformity.

"Women must learn not to wait for pain to become prominent but to seek competent advice regarding mysterious symptoms. Pain indicates that the sufferer is late in action but not necessarily too late.

"Heredity is a factor of small importance in discussing cancer and the possibility of transferring cancer from one person to another may be practically disregarded."

IV.

An effort to attract soldiers to the land has been set in operation in East Lothian near the village of Longniddry. That location was chosen because it has a railway with connections for a nearby town and also for a summer resort and the county seat. It is on the main line from Edinburgh to London. The surrounding country is among the best agricultural districts of Scotland. It is also half a mile from the southern side of the Firth of Forth. Midway between the old village and the railway station the experimental settlement has been started. The main street branches off from the main road, forms a crescent and again returns to the road. This is the recreation ground. On the opposite side of the road is the bowling green.

The houses face on the crescent and each has a southern exposure, thus insuring sunshine for the front rooms. There are three kinds of houses all built in the same general style and differing only in size. The smallest has kitchen, scullery, bath room and living room all embodying the latest ideas as to convenience and sanitation. Hot and cold water are provided for. This style of house is intended for a childless couple. The next style has an additional living room upstairs and the third style has three living rooms, two of which are upstairs and all the rooms are considerably larger than in the other two styles.

Attached to each house is a front and back garden. In each garden there have been planted one apple tree, six gooseberry bushes, six red and six black currant bushes and several rose bushes. The original scheme provides for sixty houses. So far twenty have been erected, and are on what has been called Kitchener Crescent. The Scottish Veterans Garden City Association before launching this experiment visited a number of garden cities and how well they have planned this one is shown by the report of the Edinburgh Trades Council which after paying an official visit pronounced the settlement far in advance of others of years' standing. The cost of erecting each house was £600 and the rent is one shilling, sixpence, two shillings, two shillings six pence per week according to size of the house.

Plainly this movement is philanthropic. Many of the houses are memorials and even parts of houses are of that character. Gayfield Cottage bears a tablet on the staircase to the effect that the cottage was erected by the staff and pupils of London Street Public School in Edinburgh "as a tribute to Scottish heroes who fell in the Great War". "Craigbinning Cottage" has a plaque on the wall with the following inscription: "In memory of Eric James Thompson, Lieutenant 7th Royal Scots, killed in action on Gallipoli on June 28th, 1915". One cottage is erected to the memory of the "Warrior" (and so named) "commanded by Capt. V. B. Molteno, R.N., in the battle of Jutland, May 31st, 1916".

"Mohawk Valley Cottage" is erected by the members of the Mohawk Valley Garden City Association, Schenectady and Amsterdam, New York. It is a memorial to Kitchener and its memorial stone was laid by his sister, Mrs. Parker. Two other cottages, "Shoreby" and "Colorado Springs Cottage" have both been built by contributions from the United States.

At about fifteen minutes' walk from the settlement is an allotment of ten acres to become, in time, chiefly a fruit farm. Already the jam factory is being remodelled. Piggeries, hen runs, bee hives are being prepared. Each man in the settlement will have his allotment here and his training. The chances for happiness to both children and adults are immense and the experiment will be watched with interest.

V.

Through almost innumerable difficulties the Woman's Land Army in Great Britian has answered every demand made upon it—and that is saying far more than the average on-looker begins to realize. First it was necessary to convince women of the absolute necessity of providing more food on the spot than had ever been provided before. Then came the almost insurmountable difficulty of arousing enthusiasm enough in the undertaking to cause women to break away from century-old traditions. Women had to be fairly "carried off their feet" with zeal and enthusiasm. It is said that the very strongest recruiting force was in the ranks of the pioneer Land Women themselves. Wherever they appeared, tanned and bronzed, developed, hardened and fit-as-a-fiddle, pictures of health and vigour and contentment they won hosts of followers.

After all these preliminary steps had been safely passed there were trials on the land itself. Question of wages, shelter, food, clothing had to be met and settled satisfactorily and not one was as troublesome as the purely feminine one of the relation between the farmer's wife and the farmer's farmerettes. At last, after measuring swords dexterously, each party concluded that the other was "a good sort" and each set out to help the other to the limit of her ability. But one great hindrance still existed. Recreation was absolutely necessary and was wholly lacking. This has always wrecked any back-to-the-land proposition and always will. It promised dire things for the Women's Land Army in spite of their patriotism and their enthusiasm about farming. It was right here that the Women's Institutes were helpful. The Institute idea was grafted on to the Woman's Land Army and from that time there was no lack of recreation and amusement.

In October, 1917, there were 137 Women's Institutes in England. In 1918 there were 700 in existence and they are increasing at the rate of 20 a week. Surely the idea has been a Godsend to English women! It is quite clear that before long the out-standing feature of every English village

will be its Women's Institute. At present the administration is vested in the National Federation of Women's Institutes and has three chief aims: encouragement in every way of local efforts to increase the production of food, the introduction and establishment of village industries and the promotion of co-operative marketing. Started for the betterment of conditions surrounding women in villages and on farms and endeavouring to broaden their outlook the Institutes have passed far beyond their original purpose. They now admit men to membership and find that they have made a real advance. They have increased the chances of making social and utilitarian life centre in the village. Already village life has taken on a gaiety and interest that has been sadly lacking for years and has driven many a lad and lass away from the land to the unfriendly city. The governing committee is elected by the members of the Institute and different sections of the community must be represented. This is the bed-rock principle responsible for the Institute movement.

VI.

Jerusalem (By Mail)—How American Red Cross physicians engaged in relief work here are accomplishing worth while results in the face of great difficulties—and what they are up against, is shown in a report just received here from W. S. Dodd, A.R.C., doctor working at Mejdel in this section.

With two capable English trained nurses, and three native helpers, more or less useful, Dr. Dodd, his "hospital" housed under tents, performed 252 operations in seven weeks, besides giving medical examinations, treatment and counsel to hundreds of the destitute inhabitants and refugees.

His report says in part: "The work of the Hospital was of the plainest sort, it might be called primitive. About twenty-five tents comprised the Hospital proper, with a Dispensary tent, and tents for the living quarters of the staff.

"The soil was all the purest sea-sand with thistles and scant grass; going barefoot was the universal custom, and in our own quarters we of the staff used to follow that custom with great pleasure. . . .

"The professional side of the work was of the greatest interest to me and every day was a pleasure. The clinics numbered sixty to a hundred a day. Of course we had all classes of cases in medicine and general surgery, but by far the larger proportion of our patients were eye-cases.

"Of the 252 operations that I did in less than seven weeks, 222 were for the eyes. This is the number of persons operated on, most of them having more than one operation, perhaps on all four lids, so that I really operated on 408 eyes.

"There were some cataracts, not more than would be seen in the same number of cases elsewhere, but trachoma and its consequences account for almost all of the eye troubles in this land. I set out to treat these cases radically and secured fine results when I could keep the patients long enough for a reasonable after-treatment. But even so, the number of eyes that can be saved from partial and total blindness is large and the economic value of each eye thus saved is enough to make the prosecution of this line of work of the greatest importance for the redemption of the land.

"The accident cases are always interesting. I had the last end of treatment of some cases of bombed hands, of which there had been quite a number in the earlier days. These were largely in children, and were due to their picking up unexploded Turkish bombs that were lying in the fields from the time of the British advance in the Gaza region. Many fingers and even hands were lost from this cause.

"Vermin was the great enemy we had to fight. Fleas were hardly counted as a problem because we could do nothing against them, they were everywhere and inevitable, and so far as we know at present not being the carriers of any special disease, did not come within the hostility of a medical conscience.

"Lice and maggots were a daily terror. How many wounds and injuries came to us filled with maggots I cannot tell. A favourite dressing for a wound is a piece of raw meat, a breeding-place for maggots, and they can hardly be blamed for invading the adjoining premises.

"Many a child had to be put under chloroform in order to search out and pull from their hiding places deep in the middle ear a half dozen wriggling maggots whose every motion was causing torture to the innocent victim.

"A woman came to the clinic complaining of headache. A single sore on her face led to questioning, and when she rather unwillingly undid her turban we found an exaggerated case of impetigo, and every separate sore was as if the whole thickness of the scalp down to the bone had been punched out, and every sore was a nest of maggots. I removed 60 at the first seance, and at the first dressing next day the nurse had more to do. The headache was cured without further treatment. And these are not the most loathsome cases that we saw.

"Another great difficulty with which we had to contend was the filthy habits of the people. In spite of providing proper sanitary facilities, we were compelled to have a scavenger go around every morning and clean up the filth from around the tents of the patients. The women were as bad offenders as the men. We made it a rule that anyone known to have violated these simple sanitary regulations must go without their dinner next day, and this was quite an effective punishment."

News Service, American Red Cross.

Editorial

A Social Hygiene Programme for Canada

THERE has been considerable agitation of late in favour of the adoption of a Social Hygiene Programme for Canada. The possibilities of such a programme are very great and the request of the recent Social Welfare Congress at Toronto that the Dominion Government call a conference at Ottawa to consider the matter will receive a great deal of sympathy.

Social Hygiene is a pretty comprehensive term and the adoption of a Social Hygiene programme might readily prove the means of introducing many reforms whose desirability is very great. Social Hygiene means decent living conditions, adequate recreation, opportunities for young persons of the opposite sex to meet under normal conditions, a living wage and a great many other things which will not be characteristic of this country until we make them so.

Such constructive measures should imply if a definite programme were adopted that a definite policy would be adopted by which certain abnormal conditions which exist particularly in our large cities would no longer be tolerated. The red light district of Montreal and Lethbridge alike should go by the board and quickly. Prohibition as a national policy should be made permanent, and a vigorous attack should be made on all the destructive influences which make decent happy normal life difficult particularly for our young people.

In its war-time Social Hygiene programme the United States has undoubtedly led the world. Its campaign to make the American soldier "Fit to Fight" which has largely centred around the provision for him of the "normalities" of life resulted in the provision of "normalities" such as the individual American soldier never had in civil life. Extensive plans are under way for the transforming of the American "war-time" Social Hygiene programme into a peace time one and in such a programme lie endless possibilities. It is to be hoped that our own Federal Government will also see that a strenuous effort is made in this country to carry on work of the same character. That such work should have a definite relation to a Federal Department of Health goes almost without saying.

A Health Sunday

Since the above editorial on "A Social Hygiene Programme for Canada" was written news has come in that Dr. Rupert Blue, Surgeon General of the United States Public Health Service has asked the

ministers of the United States to set aside February 9th as a Health Sunday and to preach sermons emphasizing the responsibility of the nation to protect returning soldiers and sailors and the community at large and to take vigorous measures for combating Venereal Diseases.

A proclamation by the Surgeon General has been sent to all ministers with the request that they read it from their pulpits February 9th. It states that the Government is asking the churches of the country to take an active part in meeting a great national emergency, and that the war made it necessary for the nation to face frankly and courageously the menace of venereal diseases.

Now the war is over and the period of demobilization has begun, the proclamation says, drastic measures must be taken to prevent during this period those conditions in civilian life which made these diseases the greatest cause of disability in the army.

"In the army and navy a programme of law enforcement, medical measures, education, and provision for wholesome recreation was adopted", Dr. Blue states. "This programme brought results. Now that the war is over the cities and towns through which the soldiers and sailors will go and to which they will return upon demobilization must be made as safe as the camps from which they have gone. The fight against this menace to our national vitality and to our homes must be vigorously continued."

"It is the social responsibility of the communities, of which the Churches of every denomination are a part, to continue the work carried on in time of war in order that the world may be made safe not only for democracy, but for posterity."

The above adds considerable weight to the contention of the PUBLIC HEALTH JOURNAL that the time for attacking the most loathsome of social plagues, prostitution, and its accompaniment the most widespread of diseases—the venereal diseases—is not in some dim and distant future but now. So far as venereal diseases are concerned our returning army is far cleaner than the civil population. Work carried on in the army has proved that it is possible to at least cut down disease to a minimum and not impossible to stamp it out. The slogan "Make Canada Safe for the Boys Coming Home" is nothing if not logical. Decidedly it is time for the Government to act.

The Federal Income Tax

The announcement is made that returns for the increased income tax enacted by the legislation of last Session must be filed by February 28th, 1919. The increased income tax provides for taxation of incomes of unmarried men of over $1,000.00 and on married men of over $2,000.00.

The taxation from $2,000 to $3,000 is graded upwards with a super tax on incomes over $6,000. It is estimated that double the amount previously collected will be obtained, while newspaper reports state that the tax in its progressive form will probably be a permanent one.

To most thinking persons this latter announcement will be welcome. The delightful stories which used to be told to us as schoolchildren as to the heaven sent qualities of indirect taxation have somehow of late lost some of their pristine beauty. Some of us have begun to wonder whether the poor man among us always realizes what proportion of the amount he pays over the counter of a retail store is in reality taxation and of how much harder such a form of taxation hits him than it does his wealthier brother. As a matter of fact one can readily imagine circumstances in which a poor man would find it necessary to stint himself and his family of actual necessities because of the fact that a percentage of his income is eaten up by a tax the payment of which he does not realize.

The direct progressive income tax is fair and above board. No tax should be allowed to interfere with a man's actual livelihood and the exemption for low incomes takes this into account. On the other hand heavy taxation of incomes that are obviously too bulky for the good either for their possessors or the state is not only fair under present circumstances but essential. The adoption of the principle may well be but the thin edge of the wedge.

Book Reviews

Principles of Hygiene, for students, physicians, and health-officers, by D. H. BERGEY, M.D., Assistant Professor Hygiene and Bacteriology, University of Pennsylvania. Sixth Edition thoroughly revised. Octavo of 543 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1918. Cloth, $3.50 net. W. B. Saunders Company, London, Philadelphia.

Dr. Bergey's Manual is well known. The present edition is the 6th since its appearance in 1901. In the preface the author states "that to maintain the relative size of the volume an effort has been made to eliminate any part of the text that appeared least essential to the uniform treatment of the entire subject". Such an effort has been made, but it is not clear that the policy of eliminating the least essential has been strictly followed. A recitation of the Quarantine Laws of the United States, giving in detail Maritime Quarantine (Foreign, Insular and Domestic Regulations), Inter-state and state laws, occupying 55 pages or roughly one-tenth of the volume is certainly non-essential to the ordinary reader. Such detailed information can be obtained through the proper channels. The subjects of epidemiology and of parasitology and immunology, in so far as the latter are related to Public Health are dealt with in a single chapter of 76 pages. To devote 55 pages to the Quarantine Laws and only 76 pages to these three important subjects, is not reasonable. The problems of Social Hygiene are not dealt with, in fact the causative diseases are not discussed, even in the chapters on Military and Naval Hygiene. The subject of infant welfare with the role of the modern Public Health Nurse, is entirely neglected. Mental Hygiene is similarly omitted.

These omissions are indeed greatly regretted, and it is not expecting too much that these subjects should receive fair consideration in the next edition.

R. D. D.

The Composition of Certain Patent and Proprietary Medicines compiled by JOHN PHILLIPS STREET, Chemist in charge of Analytical Laboratory, Connecticut Agricultural Experiment Station. 274 pages; more than 2,500 remedies; over 3,100 analyses. American Medical Association, 535 North Dearborn St., Chicago. Cloth, $1.25 post-paid.

During the past few years hundreds of "patent" and proprietary medicines have been analyzed with the object of giving the public infor-

mation that would be of vital interest to it. This work has been done by federal and state officials and especially by the chemists of the American Medical Association. The information, unfortunately, has been scattered through many publications, and for this reason, has not been easily accessible either to the public or to officials. The purpose of Mr. Street's compilation is to remedy this difficulty, in a measure, by bringing together in one work an accurate record of published analyses. The book contains analyses (one or more) of over 2,500 proprietary medicines, including the most widely used and extensively advertised products offered to the American public. The analyses are published without comment and without prejudice and the compact form in which they are presented should prove a great usefulness to the physician, the pharmacist, the inspection official and the intelligent layman.

The Control of Influenza in Ontario

IN Ontario Influenza is not required by law to be reported, placarded or quarantined, and does not come under the Regulations regarding communicable disease except that by a recent Order-in-Council land and unoccupied buildings may be taken summarily by a Board of Health for Hospital purposes.

With respect to the closing of schools, churches, theatres and other public assemblages, each Medical Officer of Health or Local Board of Health has power to close such places if it seems desirable. The matter of reporting, placarding, and quarantining for this affection is regarded by the Provincial Board of Health of Ontario as being impracticable. The Board does not think such a law could be satisfactorily enforced for the reason that before the necessary measures (inspection, placarding, etc.) could be taken in respect to the thousands of homes a great number of the cases would be well and the intolerable situation of keeping comparatively well persons in large numbers tied up would ensue. Under such a regulation many people with colds would be improperly quarantined, and in short the operation of the law would, as it has been in many of the States to the south of us, be a dead letter. While the local Board has the power to close schools, churches, theatres, etc., during epidemics of this kind, the utility of this measure of prevention is obviously limited when departmental stores, business places, street and railway cars are allowed to carry on business as usual. Where a well-equipped medical inspection of schools is in operation as in Toronto, there seems to be no doubt the children would be better at school than running the streets and spending their time (as they have in large numbers been doing in Toronto) in the large shops where the warmth and attractions are better than many of them have at home.

Before Ontario had any appreciable number of cases the Board distributed to every physician in the province a circular giving the latest information in respect to the disease. This was succeeded by a circular to Medical Officers of Health pointing out the law and advising precautions to be taken. Finally a second circular was issued to all physicians giving information as to the character of the disease, methods of treatment, etc. The Press also, was largely used in the dissemination of advice to the public.

Realizing the probable necessity for nursing help throughout the province the Board organized the Ontario Emergency Volunteer Nursing Auxiliary for the training of V.A.D.'s and established a course of lectures

in Toronto. Branches were formed in many of the cities and towns, some of which were supplied with lecturers, and the voluntary nurses (called Sisters of Service), were supplied in large numbers to families in need of help. In Toronto the Auxiliary was able to furnish nursing help to some 800 families. Similar work was done in many other places such as Hamilton, St. Catharines, London, Collingwood, Barrie, etc. The Auxiliary supplied both trained and voluntary nurses to many outside points, and endeavoured with a large measure of success to supply medical assistance to communities where the physicians were overworked or where one or more had lost his life in the course of the epidemic.

It is estimated that there were at least 40,000 to 50,000 cases of influenza in Ontario and the number of deaths is approximately 3,500.

Strains of bacteria were procured from Boston and New York and a prophylactic vaccine prepared both by the Connaught Laboratories and the University of Toronto, and the Laboratories of the Provincial Board of Health. This vaccine has been supplied very freely to the public all over Ontario, and to some extent throughout Canada. The Board in issuing this vaccine took occasion to point out that while its use rested upon a rational and scientific basis, no results could be promised with certainty. The limited reports received, however, indicate that it has been of some value at least in prevention.

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Colds are not only annoying, and the cause of much time lost to production, and professional and educational pursuits. But they are also dangerous in that they predispose to other more serious diseases, Pneumonia, Tuberculosis, etc.

The usual method of treating acute and chronic respiratory catarrh (common colds), has proven unsatisfactory chiefly because it has not been generally realized that the disturbance is due to bacterial infection.

The prophylaxis and treatment of colds with Serobacterin should therefore be given the same consideration as that accorded the more serious infectious diseases.

Immunize your patients NOW, particularly those engaged in the War Industries: by so doing you will greatly lessen, if not absolutely overcome their susceptibility to Influenza, Colds and other respiratory affections.

Mulford Brand Influenza Serobacterin Mixed

No. 0—In aseptic glass syringe (four syringes, A, B, C, D, in each package)
No. 9—In 5-mil vials, each mil strength of Syringe D.
No. 11—Single Syringe D only.

Syringes contain sensitized killed bacteria as follows:

	A	B	C	D
B. Influenzæ	125	250	500	1000 million
Staphylococcus albus	125	250	500	1000 million
Staphylococcus aureus	125	250	500	1000 million
Streptococcus	125	250	500	1000 million
Pneumococcus	125	250	500	1000 million
B. Friedländer	125	250	500	1000 million
M. Catarrhalis (type I)	125	250	500	1000 million

H. K. MULFORD CO., Philadelphia, U. S. A.

Manufacturing and Biological Chemists

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The Public Health Journal

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The Relation of the Pediatrician to the Community

Alan Brown, M.B., Toronto.

Read at the Academy of Medicine, Dec. 9th, Chairman's Address, Section of Pediatrics.

IT is our responsibilities to the immediate future about which we are most concerned, and I desire to use the time at my disposal in an attempt to direct your thoughts to their consideration. On our willingness to undertake these responsibilities will depend the growth, development and progress of our section and its usefulness in the community. This will result from a scientific standpoint in papers founded on clinical and pathologic research and will promote and extend information upon all subjects relating to Child Welfare. In this way every physician interested in pediatrics will become familiar with child welfare problems, and the whole subject of child life in all its phases and circumstances.

Heretofore, the attitude of most physicians have been too individualistic. What we need in our present stage of progress is a broader outlook and more altruistic service. The conservation of the race is the one vital problem of society and we are coming to realize more and more that no individual consideration can be permitted to stand in the way of the best interests of the community. Public health has a prior claim to the rights of any individual, and the physician who has the true conception of his high calling, and is alive to the altruistic responsibilities of his profession must place the welfare of the group above any personal interest.

E. P. Lyon, in a recent article, ably voices this sentiment when he states: "Medicine is losing its individualism. You must become less and less the sellers of healing and more and more the captains of health." In speaking of preventative medicine he says: "Some physicians fail because they still take the narrow individualistic view of their work.

They get the patient so close to their eyes that they cannot see the public. They see their trade, but fail to recognize their profession."

We as physicians must recognize that the time is fast approaching when the health of the community is going to be supervised by the State, in some such manner as education now is, and it behooves each of us for his own interest to keep pace with this new order. In the words of a recent Philadelphia writer, "The handwriting has already appeared on the wall, and the shrewdest as well as the most public-spirited of the younger men are preparing themselves for the field of public health service, where the greatest usefulness is to be attained and the highest laurels to be won." The State has begun to view the individual from an economic standpoint, and to realize that money spent in various ways to keep the individual well, improve his environment and promote his development, means a corresponding decrease later in the cost of providing for defectives and delinquents.

There are many social agencies which are working along these broad lines for child welfare, with which every conscientious physician should be familiar and to which he should give his deepest interest and heartiest co-operation. I should like to call your attention to some of these activities, and show briefly their dependence upon the physician for direction and efficiency.

Prenatal Care.—It is hardly necessary to call your attention to the inter-relationship which should exist between the obstetrician, the expectant mother and the nurse. It is not within the province of this paper to discuss the difficulties which are encountered in attempting to secure the ideal results from such relationship. I shall content myself with the statement that if we know what is best for our patient, it is our duty to be satisfied with nothing short of its attainment. The dangers to the expectant mother during pregnancy, labor and the puerperium are so well known as to require no mention here.

We are told by Dr. H. C. Carpenter that during the past five months 775 infants have died in Philadelphia from congenital diseases. This high mortality occurring during the first few weeks of life is due to hereditary weakness, disease and malformations, difficult or mismanaged childbirth, and septic infection, and many of these deaths could without doubt have been prevented by prenatal care.

It is known to most of you that the Board of Health in this city and numerous agencies in the U.S.A. are successfully carrying on prenatal care work. This is accomplished by the routine visits of a specially qualified nurse to the home of the expectant mother. Through these visits she is enabled to give advice regarding hygiene, diet exercise, sleep, the proper care of the breasts, to collect specimens of urine for examination, to take blood pressure readings and note the presence of any symp-

toms suggesting danger to the mother or child. These findings are reported by the nurse to the physician engaged to attend the woman in her confinement. It is hardly necessary to add that it is very essential for the success of this work that the physician give his hearty co-operation, which entails a thorough and complete examination of his patient, including pelvic measurements, some time in the latter part of pregnancy. The visits of the nurse to the expectant mother affords a splendid opportunity for the encouragement of breast-feeding, which is acknowledged to be one of the greatest factors in the saving of infant life. There is here a broad field for nurses especially trained in this work as well as for the visiting nurse organizations and the Board of Health nurses for patients of small means.

Child Welfare Clinics.—The Child Welfare clinics are a form of activity comparatively new. They have a distinctive place, however, in the community not filled by any other agency. They came into being to fill a want created by the great numbers among the poor who, because of overcrowding and ignorance, require advice relating to health, hygiene and manner of living. It is the most intensive community service which is being rendered. The Child Welfare Clinics confine their work to a limited area, where the need is felt to be greatest, and this area is extended as the work progresses.

The Child Welfare Clinics command the services of physicians, nurses, social workers, and enlists the co-operation of the Board of Health and various departments of the city government. It assists materially where possible to improve the home conditions of those under its care. Its function is primarily to keep the community well, never to treat the sick. When medical care is deemed necessary the Child Welfare Clinic advises where suitable treatment may be obtained, referring the patient to his own physician or to the appropriate dispensary or hospital. Prenatal care, as already described, is an important part of its work. In addition to these already mentioned of greater service, are the educational classes for mothers, and the "Little Mothers" leagues.

The most important phase of the Child Welfare work is the reduction of infant mortality, and the service rendered the "under school age" child, who heretofore has received no definite attention. The value of this latter service is summed up by "Forsythe" who states: "Large numbers of children, although healthy in all respects at birth, become within five years the physically defective entrants whom the education authority is required at no small cost to restore as far as possible to their original state of health. Yet most of these cases are preventable, or if taken in time can be remedied more speedily and therefore more cheaply than if left to school age, by which time not a few will have received permanent damage, physical and mental. The problem of the defective child

largely resolves itself into the problem of the "under school age" child, and seems hardly likely to be solved by any scheme short of a national one, ensuring all children regular medical supervision from birth to school age. And this to be fully successful must run side by side with educational measures for instructing the mothers themselves, who, from ignorance far more than from wilful neglect or even from indigence, are unable to safeguard their children's health."

Home Care.—In spite of the extensive and intensive work of all social agencies, it is obvious that the great majority of children will not come under their influence as they are designed primarily to help those who cannot afford the services of a private physician. While under the school age, the child of well-to-do parents receives his medical attention from the family physician. On this physician, then, rests the responsibility of doing for his patient what the Child Welfare Clinic aims to do for the children of the poor. His interest should not be confined to the special ailment which he is called upon to treat, but he should make of each such occasion an opportunity to carefully examine the child, and give directions as to the hygiene, diet, clothing, and every detail pertaining to the life and welfare of his small patient. His eyes should be as quick to detect any physical or mental defect, which can be remedied in the very early years of childhood, as that of the school medical inspector, who will eventually discover and endeavour to correct the trouble, if the impairment has not already become permanent.

A long step in advance will have been taken when the physician succeeds in convincing parents that much of the sickness of childhood can more easily be prevented than cured.

If some such continuous and persistent effort to keep the children under their care in the best possible condition were maintained by social agencies and private physicians alike, it might sometimes become possible for the child to present upon admission to school its life history with a complete record from birth.

School Life.—"The health of the public in general and of school children in particular is the very core of the nation's life."

Medical inspection of school children has already become a permanent addition to our civic government, and is so familiar to every one as to warrant little more than mention of the various opportunities for service which are extended to the school inspector and the trained nurse who assists him. Among these may be mentioned the correction of physical defects existing, the detection of contagious disease, expert examination to detect mental deficiency, placing in special classes poorly nourished and anæmic children, and placing in special classes poorly nourished and ward children.

Hospital Dispensary.—The present-day hospital dispensary with which everyone is familiar is in a transitional stage. Older methods are giving place to newer ideals, and a broader policy is being pursued to fill the better understood needs of the community.

The work of the dispensary physician is being made more efficient and more permanent results attained by co-operation with the social service worker, and the development of the follow-up system. By these means the physician sees his patient more regularly and frequently and is able to keep in touch with home conditions and its environment.

It is hardly necessary to say that nothing short of the most thorough and conscientious examination and treatment on the part of the dispensary physician is consistent with his duty to his patient. He should take advantage of all the assistance the other departments of the hospital have to offer and accord the patient the most expert care available.

Hospital.—The honour of being the visiting physician to any hospital should stimulate the recipient to the highest type of service to the institution and every patient who comes under his care. The modern hospital has come to realize that its medical staff is of great importance in helping to shape and direct the policies and aims of the institution in order to attain a higher degree of efficiency and usefulness in the community. The conscientious visiting physician, therefore, must use every effort to make the institution which he serves a true health centre to the community and use every opportunity which the hospital affords for educational purposes. He must be faithful and painstaking, seeing his patient frequently, and taking sufficient time for thorough examination and study. Anything short of this is unfair to the hospital, to the patient valueless, to the physician ruinous to his reputation.

The Day Nursery.—A study of the Day Nurseries in a community will undoubtedly result in higher standards as to construction and management. In the past, too little attention has been given to the developing and perfecting of these agencies, and to the general welfare of the children under their care.

Here again the influence and assistance of the progressive physicians are invaluable. He stands in the same position to the children of the Day Nursery as to the general practitioner to his private patient, and should give the same devoted care as already outlined, including regular examinations, careful attention to the correction of any mental or physical defect, and explicit directions concerning every detail of the child's life.

Institutional Care.—The institutional care of children is on the threshold of many changes. Recent investigations on this subject prove that children and particularly infants, do not thrive as well under institutional care as when boarded out in private families; but for the

present at least such agencies are necessary as a temporary refuge until the child can be properly placed. During this period of institutional care the child should be given the most expert attention of which the physician is capable, and he should refuse to be connected with any institution which fails to correct existent evils or make improvements which he deems necessary for the child's normal development. The opportunity for caring for homeless children does not carry with it the privilege of giving them any but the most expert care. Both the day nursery and the institution caring for children present splendid opportunities to the physician for thorough examination, and the early recognition and correction of mental and physical defects. Here again the prevention of disease and deformities, rather than their care, illustrates the highest conception of the physician's function.

Board of Health.—The relation of the Board of Health to the community is obviously too broad a subject to be treated at any length. A Board of Health is an essential part of the government of every city and its importance cannot be overestimated. The broad field for service and the enormous responsibilities thrust upon it demand that the work be placed in competent hands. Here the physician stands out preeminently as the one best fitted by educational and practical experience to cope with the great problems of public health.

The health officer of a city should be a physician with a broad vision and complete grasp of the subject of public health, schooled in matters pertaining to hygiene sanitation and the control of contagious diseases. His associates and assistants should possess a similar equipment, and a determination to measure up to the highest standards in the particular field assigned them. A peculiar responsibility falls upon the "city physician" whose work among the poor and destitute of the city presents such a wide scope for fine and devoted service.

Conclusion.—In a very hurried and inadequate way I have tried to touch upon the newer ideals of service which have pervaded the whole field of medicine and particularly that of pediatrics. The physician has become a great factor in the elimination of preventable disease by his working along educational lines. It is a vastly finer thing to prevent rather than cure disease, to whose existence we give our tacit consent when we make no earnest effort to eradicate the causes. Individually each physician can do much, but in co-operation with all the social agencies working toward this higher ideal, his capacity for service is increased a hundred-fold. My paper would fall far short of its intention if I failed to impress upon you the duty of the Pediatric Section to maintain leadership in all matters pertaining to problems of child life. A Pediatric Section should be the highest authority in all such matters, as the problems of child life in all its phases are essentially its business.

To this end the section must encourage scientific papers which will add something new to existing knowledge; it must develop a deeper interest in pathologic and clinical research; it should originate and direct child welfare movements; these together with the work of the Milk Commission, provide a broad scope for the activity of the Pediatric Society.

It is therefore unnecessary to emphasize the importance of active membership in such a society to any physician who numbers children among his patients.

What is 'the Ward' going to do with Toronto

LIVING conditions in Toronto—particularly in that section of the city known as "The Ward"—are dealt with in a report recently issued by the Toronto Bureau of Municipal Research, under the title: "What is 'The Ward' going to do with Toronto?"

This report, which covers some 75 pages, is well illustrated with charts, diagrams and photographs and contains much interesting data. It draws special attention to the fact that "Ward conditions" are spreading rapidly to other sections of the city and that immediate action is necessary if the same economic and social forces which produced the parent "Ward" are to be checked.

The report points out that the undesirable conditions existing in the Ward are to be found in every fast-growing city on the continent where business districts are trenching on residential areas and where large numbers of poorly educated people with low standards of living have through force of circumstances, congregated in one district and been allowed to claim it for their own.

Undoubtedly these conditions operate to make the city unsightly, cause its people inconvenience, are a menace to health, and result in heavy financial burdens to the city both directly and indirectly. Should not thought and study, therefore, be given to the problem by public-spirited citizens, with a view to bettering existing conditions and initiating steps which would mean their ultimate elimination?

Some Interesting Facts From the Report.

Congestion of Buildings.—Taking the total area of "the Ward" there is an average of 12 buildings to the acre; but, allowing for the amount of space occupied by streets and sidewalks, and by some of the larger buildings, it shows that 1,639 buildings occupy 73.2 acres, or an average of 22 buildings to the acre.

It is estimated that about 60% of the available area is covered with buildings, in comparison with 40% in an ordinary thickly populated residential district. Attention is drawn to the fact that the yards which in an ordinary residential district would be well-kept lawns or gardens, are in "the Ward" cluttered with a confused collection of sheds and other frame buildings, thus depriving the children of any home playgrounds.

Another factor leading to the congestion of buildings in the district is the number of cottages built in rears.

BUILDING STATISTICS.—In 1916, out of a total number of 1,656 buildings:

613, or 37%, were of brick or brick-clad construction,
239, or 14%, were of rough-cast construction with brick front,
618, or 37%, were of rough-cast construction only,
while the remaining
186, or 12%, were of frame construction.

Since 1909, the brick or brick-clad buildings have increased from 539 to 613, or 13.8%. Those of rough-cast construction, with brick front, have increased slightly from 214 to 239; those of roughcast have decreased from 787 to 618, or 21.4%; while those of frame have decreased from 207 to 186, or 10%.

FIRE HAZARD.—It is estimated that the percentage of building area which is combustible is about 60%, in comparison with 22% for an average residential district in another part of the city.

It is a remarkable fact that very few fires take place in "the Ward". In 1916, the fire loss was but $1,975.00, the number of fires being 15. The explanation of the low fire loss may lie in the fact that there are four fire stations in the locality and that alarms can, therefore, be answered very quickly.

REAL ESTATE VALUES.—A study of the chart dealing with "Corner Lot Values" for 1909 and 1917 gives one some idea of the tremendous increase in the value of property in this district in that period. The fact that owners would not find it profitable to build dwelling houses on property of such value is given as one of the causes of the present undesirable housing conditions in "the Ward".

HOUSING.—The report points out that there are no tenement houses in "the Ward" in the real meaning of the word, families being, for the most part, housed in small buildings.

There is a great variation in the rents paid for the houses in "the Ward". Two, three and four-roomed frame cottages built on the rears of lots bring $8.00, $10.00 and $12.00 per month. Similar cottages facing the street fetch a slightly higher revenue. Brick dwellings of four and five rooms are let for $20.00 and $22.00 per month.

The report states that the conditions of repair shows, in general, absolute neglect on the part of the landlords in keeping the buildings in a condition fit for occupancy. During 1916, the Health Department recorded 841 sanitary defects, in the total of 1,656 buildings. There were 232 cases of defective plumbing and drainage.

In many places windows are boarded up, keeping out cold, wind and rain, and also all light and air. In rough-cast houses, plaster has fallen off, and there is, more or less, an absence of paint or whitewash. Fences about the houses have partly collapsed and no effort is made to repair

them or to remove them altogether. Sidewalks leading to the houses and doorsteps are in a broken condition, and the doors themselves are usually in a state of ill-repair. Wooden shutters sag from one hinge or have many slats missing.

The interiors of the houses are little better. In many cases these are infested with vermin and generally dirty. Plaster has fallen from ceilings and walls and often there is little attempt at sanitation. In many cases tenants are too ignorant to know what it is their right to have repaired by the landlord, or are so used to living in such conditions that they do not care. In other cases, tenants are behind in their rents or are paying such a nominal rent that they hesitate to ask repairs for fear of ejection. Landlords, on the other hand, *since the value of the land is out of all proportion to the rent derived*, are not particularly interested in the appearance or sanitary condition of their premises.

In 35 of the houses in "the Ward" coming under the inspection of the Health Department in 1916, there was no water supply, the outside taps being out of commission. It is not necessary to say that this is an undesirable condition, tending to the general lowering of the health of the occupants. There are no public bathing facilities in "the Ward".

Ownership of Homes.—Closely connected with housing conditions is the amount of resident ownership existing in the community.

In "the Ward" the number of tenants greatly presdominate over the number of owners, and the tendency to absentee landlordism is on the increase. In 1909, out of a total of 1,665 occupied dwellings and stores, 1,354, or 81%, were occupied by tenants, and 311, or 19%, by the owners. In 1916, out of a total of 1,346 occupied buildings, 1,141, or 85%, were occupied by the tenants, and 205, or 15%, by the landlords.

Overcrowding.—The statistics given in connection with "overcrowding", "condemned buildings" and "population" in this district are interesting. In this connection, one might make reference to the "family histories" which are included in the report and which, while not generally typical, are representative of certain types which constitute social problems inherent in "ward conditions".

Health.—The report points out that nothing is more difficult than to attempt to tabulate the amount of disease and ill-health resulting from bad housing conditions. These are the records which are tabulated on the minds and bodies of the victims of such conditions and indirectly, but none the less surely, on the minds and bodies of thousands of others with whom they come in contact.

Contagious Diseases.—As will be seen from the following table, the contagious diseases record for "the Ward" shows, in 1916, according to Health Department information, 174 cases, or about 17 per 1,000, which is very little higher than that for the city as a whole.

	Total No. of Cases for Entire City.	*No. for "The Ward."*
Diphtheria	1,249	28
Scarlet Fever	639	4
Typhoid	181	6
Measles	3,201	45
Whooping Cough	529	46
Tuberculosis	914	37
Chickenpox	572	7
Smallpox	3	0
Mumps	83	0
Diphtheria Carriers	36	0
Spinal Meningitis	53	1
Infantile Paralysis	13	0
	7,473	174

Of the 137 cases of contagious diseases, excluding tuberculosis, 59 were males, 69 were females, and in 9 cases the sex was not stated. There were

18 cases of sickness under 1 year.
8 cases of sickness between 1 and 2 years.
32 cases of sickness between 2 and 4 years (inclusive).
47 cases of sickness between 5 and 14 years (inclusive).
18 cases of sickness 15 years and over.
14 cases, ages not given.

It is to be noted, however, that only seven cases of chickenpox were reported in "the Ward" out of a total of 572 for the city, and that, out of a total of 83 cases of mumps, none were in this particular district. This is undoubtedly due to the fact that these are apt to be regarded as "childish diseases". Often no medical advice is asked and, owing to the ignorance of the people, cases are frequently not reported to the Health Department. The actual contagious disease record would probably show far different results. Again, the eternal vigilance that the Health Department exercises toward "the Ward" must have a considerable influence in decreasing the number of cases of contagious diseases that would otherwise occur.

OTHER SICKNESS.—A study of the official records does not prove that an environment such as that of "the Ward" has any great effect on health, as far as contagious diseases are concerned. That there is a considerable amount of sickness, however, is shown by the large number of Hospital Orders issued by the city. In 1916, there were 8,822 issued, and of this number 482, or 5.4%, were for people in "the W

representing 16,844 patient days, with a resultant cost to the taxpayers of $16,187.20. The total cost of Hospital Orders for patients, during 1916, was $410,218.13. Thus 4% of the total cost of the orders issued came from a district containing 2% of the city's population.

DEATH RATE.—There were 110 deaths in "the Ward" in 1916, or about 10.5 per thousand, while the death rate for the whole city for the same year was 12.9. No satisfactory explanation has, as yet, been advanced for the low death rate in this district.

GENERAL.—Statistics dealing with veneral diseases and feeble-mindedness are given for the city as a whole.

The lack of adequate recreation facilities in this district, juvenile court delinquency, and the work done by various social agencies in the district, are referred to, briefly, towards the end of the report.

The report summarizes the causes of existing conditions as follows:

1. Inflated land values.
2. Lack of local authority to remove unsightly or dangerous structures;
3. Lack of planning to cope with the results of the gradual but inevitable shifting of business and industry from one section of the city to another.
4. The crowding together in a small space of large numbers of aliens without the adoption of effective measures to socialize them.

The following suggestions as to measures which might be taken to grapple with these causes are put forward as a basis for public discussion:

1. Legislation to permit the taking of a part of the so-called unearned increment at the time of the transfer of properties.
2. Legislation authorizing cities to expropriate real property at an advance of 20% on its assessed value for the purpose of replanning the areas affected.
3. Legislation authorizing cities to exempt from taxation, in whole or in part, improvements on land.
4. Legislation to empower Fire Chiefs and Medical Officers of Health to remove buildings which are a menace to life or health, and charge the cost to owners.
5. The establishment of a city planning commission charged with the conduct of an educational campaign on the subject of housing and city planning, and with power to advise the city government as to measures necessary to secure desirable living and working conditions in all parts of the city.
6. The adoption of a comprehensive plan for the use of Public and Separate School buildings as community centres for the socializing of all elements of the population and the inculcating of high standards of living and citizenship through opportunities to function as citizens in self-governing organizations.

7. The establishment of highly developed evening and part-time schools in every section of the city.

8. The remodelling of the school buildings wherever necessary to provide the required facilities for such work.

In an appendix, articles are included by: Dr. C. J. Hastings, Mr. G. Frank Beer, Mr. Thomas Adams and Rev. Peter Bryce.

A copy of the complete report may be obtained, upon request, from the Toronto Bureau of Municipal Research, 813 Bank of Hamilton Building, 67 Yonge Street, Toronto. (Telephone, Main 3620).

Rotary Means Service

W. H. Alderson

Address of Retiring President, Toronto Rotary Club Annual Meeting, January 31st, 1919.

THE Rotary Club is an Association of business and professional men who get together at luncheons or dinners, and thereby, through acquaintance, good-fellowship, and service, each member makes himself a more efficient and successful man, a better citizen, and a happier individual.

Rotary arose in the year 1905 as if by inspiration. Its founder was Paul Harris, a man of great depth of mind, public spirited, and full of sympathy for mankind. Since that time its growth has been marvellous. From the first meeting of a few men, held in Chicago, it carried its standard to the Pacific Coast, and the San Francisco Club sprang up as if by magic. It was well demonstrated that Rotaryism was as adapted to California as the prairie soil to the Central West, and with the speed of a lightning bolt it flashed from San Francisco to Seattle on the North, and Los Angeles on the South, and from its kindling fires Clubs have sprung up in all the cities of any importance in the United States, Canada and Great Britain, until now the power and influence of Rotary is felt in all parts of the civilized world speaking the English and Spanish tongues, and unlike the conquest of Napoleonic forces, is and will continue to be in the interest of man and the principles which involve the betterment of the world.

The fundamental truths of Rotary consist in the selection of men from every distinct business or profession, and is organized to accomplish the betterment of the individual, the betterment of the member's craft or profession, the betterment of the member's home, his town, state and country.

Its benefits are making the acquaintance of men you ought to know, genuine, wholesome good-fellowship, making true and helpful friends, enlightenment as to the other man's work, cares, problems, success, and educational matters that tend to increase efficiency.

Its obligations are to attend meetings regularly, to pay your dues promptly, to do your part when called upon, to be a big-hearted, broad-minded man, a man of energy and action, a real man; in other words a Rotarian.

The objects of Rotary Clubs include the production and recognition of all legal occupations and dignifies each other's occupation as affording

him an opportunity to serve society; to encourage high ethical standards of business and profession; to increase the efficiency of each member by the exchange of business ideas and methods; to promote friendship and acquaintance as an opportunity for service and an aid to success; to quicken the interest of each member in the public welfare of his community, and to co-operate with others in a civic, social, commercial and industrial development; to stimulate the desire of each member to be of service to his fellowmen and society in general.

It is interesting to consider why the members of Rotary Clubs are restricted to one representative and an associate from each trade or professional calling. It requires but a moment's thought and reflection to grasp the real reason of this form of organization:

1. Because thereby the Club is made unique and distinctive.

2. Because it makes for interesting methods, invites mental and conversational activities, and leads to the constant exchange of new and helpful ideas.

3. Because such a membership, although limited, is very important, and is thereby an ideal assembly for the consideration and discussion of public affairs and all matters pertaining to the public and their profession in general.

4. Because the Club is thus made very representative of the Community and at the same time it is impossible for it to become so large as to make difficult the promotion of acquaintance and friendship among its members.

5. Because no one calling or allied callings can be numerically strong enough in the Club to dominate it.

6. Because with one man or an associate member only from a given line, it puts upon that man the responsibility of representing his trade or profession in the Club with dignity and thoroughness.

7. Because it represents a different basis upon which to establish and maintain the membership of the Club, and enables the Club to insist that the member should be an active, live-wire member, or surrender his representation to someone else.

The Rotary Club serves as well as demands service. Rotary is different from other clubs in that its members are not required to divest themselves of their business or professional atmosphere when they come to the Club meetings.

It should be clearly and distinctly understood that each Rotarian is an ambassador from Rotary to his craft or profession, and in order that Rotary ethics or principles may develop outside of Rotary Clubs he should belong to the local, state or provincial, or national organization of such craft or profession. Rotary is not of yesterday or to-morrow, but of to-day; not destructive, but intensive; not exclusive, but unique; not selfish, but practical; not stilted or formal, but social and fraternal.

There has been and still is in existence an opinion amongst those not acquainted with the ideals of Rotary that a Rotarian is bound by his obligation to do business with Rotarians, which is entirely contrary to the ethics of Rotary. A Rotarian is in no way bound to throw his business to his fellow brother, and an attempt to limit the trade of Rotarians by artificial restrictions to other Rotarians is an attempt to compound selfishness.

Individual selfishness is wretched enough; organized selfishness is utterly repugnant to every impulse of Rotary. Men make real progress in business along the broad highway of open dealing and not through the alleys of unearned preferment. The genius of Rotary is not in its competition, but in its co-operation. Provincialism can never have a place in an institution like Rotary, and Rotarians assert that human rights are not confined to Rotary Clubs, but are as deep and broad as the race itself, and for these purposes does Rotary exist, striving in its achievement to be of benefit to all men and institutions.

The code of Rotary is such that all members *should keep in constant touch with civic affairs* pertaining to the welfare of their business as a whole. Quite naturally the civic affairs of their local community receive first attention in this respect, and be it said that Rotarians have never put their shoulder behind a project unless there was some reasonable assurance that it was for the welfare of the entire community. Any good that a Rotarian can perform, either in the social or civic life of the Community of the Nation, is not confined to the benefits for Rotarians, but is given freely to the world.

Rotary is not a religion, but its code is based upon the fundamental truths following largely the injunction of the Prince of Peace, that "It is more blessed to give than to receive", and "As ye would that others do unto you, do ye even so unto them".

Great captains of industry are to-day in conference halls and in consultations calling for the establishment of business friendship, which compels one to feel the same concern for his neighbour as he does for himself, and some of the foremost thinkers of our day in business and professional lines are presenting to the world that truth and happiness come through service, and as we increase our ability and power to serve, we approach closer the certainty of happiness, affirming that the service of business is the science of serving, that "He Profits Most Who Serves Best". In other words, if unselfishness enables others to succeed, we ourselves make progress towards success, believing that to-day's greatest achievement of success should be founded upon the Golden Rule.

Rotarians again apprehend the full value of acquaintance. Acquaintance and service are the basic ingredients of success. This is a scientific age and we have scientized almost every step on the road to human pro-

gress. Business, however, was one of the last to come into its own. Rotarians, we believe, will all naturally agree that if proper care is made in the selection of members that this is the first step toward proper acquaintance, and in such selection as made by Rotary it should follow that friendship of a social and business character should develop, and in its effect must have a tendency towards the betterment of mankind in general, and considering the fact that Rotary efforts are not purely for itself but for the benefits of all.

Charity plays a most important part in Rotary teachings. Rotary Clubs have many acts of charity which they desire to do, acting, if you please, as members of a family. Rotary is very happy in taking its boys and girls not blessed with the joys and comforts of life, out to their annual picnic. Their Christmas gifts to the needy are performed as a service belonging strictly to the Club, but it has never been intended by the founders and international officers, who are giving practically their entire time to the thought of Rotary, that a Club should carry all the burdens of the community upon its back.

The Club is constructed to think out those things which are of value to the community in some form or another. It should then be made a community interest and the idea carried on to success. You will readily observe that unless this plan is carried out Rotary would have upon its shoulders hundreds of propositions, which to carry to a successful termination would be physically and financially impossible.

When Rotary is called upon to exert its influence or act as a standard-bearer of any particular matter of importance, it should give due consideration as to its advisability, either through a committee or an open discussion.

Good fellowship of Rotary is one of the silver linings of its existence It was the belief of the founders of this organization that business and friendship would mix, and mix successfully, and now some thirteen years have passed and the opinion has been confirmed. Good fellowship is the hand-maid of friendship, and it should ever be at a Rotary meeting, for endeavour, planted in the spirit of sunshine, and mingling with song and hearty hand-shake, brings the heart thrills to the Rotarian ideals. "It is the songs ye sing and the smiles ye wear that makes the sunshine everywhere".

Rotary established and fixed the practice that intoxicating liquors were not a necessity at any of its meetings or conventions, and furthermore that no stories or puns of a questionable character should be allowed or tolerated in any of its proceedings. This ruling, no doubt, has been beneficial in many ways outside of Rotary acquaintance.

While Rotary selects its members, it is nevertheless one of the most democratic organizations known. A man's character and reputation

must be up to the standard required by its code, be he Protestant or Catholic, it matters not. Rotary embraces all beliefs and bars none, but the character and quality of the man must be there, otherwise he is not eligible to the membership of the organization.

Rotarians, this covers only a small part of the many subjects covered by Rotary, as hours could be spent studying the philosophy of Rotary, the scientizing of acquaintance, the benefits of Rotary, its code of ethics, etc., etc.

Rotary has taken its part in the War, and will continue to work for the future peace and security of the world. To do this worthily and successfully we must devote ourselves to the service without regard to profit or material advantage, and with an energy and intelligence that will rise to the level of the enterprise itself.

Already the heads of the Governments have signified their appreciation of the many and numerous activities of Rotary Clubs of the Allied Nations, and we should, as Rotarians, renew daily our consecration to the great cause for humanity's sake and that the world may be made a better place in which to live.

The Rotary spirit is beautifully exemplified in the poem of Rotarian Edgar A. Guest:

"Red roses for the living, and hand clasps warm and true,
A heart that's tuned to giving, and strength to dare and do;
The sound of honest laughter, the joy of honest toil,
For those that follow after, to leave a finer soil.
All this has been and ever will be the Rotary Plan,
A man's sincere endeavour to serve his fellow-man.

A little less self-seeking, a little more for men,
Less bitter in our speaking, more kindly with the pen;
A little less of swerving from paths of truth and right,
A little more of serving and less of dollar might;
More peaceful with our neighbours, and stauncher to our friends,
For this all Rotary labours, on this its hope depends.

To smooth the way for others, to make of life the most,
To make the phrase, "Our Brothers", mean more than idle boast;
To praise sincere endeavour, when praise will spur it on,
Withholding kind words never until the friend is gone.
This is the Rotary spirit, this is the Rotary dream,
God grant that we may near it, before we cross the stream."

Early in 1918, the Club members decided to concentrate their efforts along one specific line which was determined at a meeting of the Club to Federate Community Service.

A Committee was appointed and through their efforts, the Federation for Community Service was organized, a Charter obtained, a Budget Committee appointed and a campaign is now in course of preparation to present to the public, the benefits which will accrue to the community from this organization.

The members of the Rotary Club contributed $6,800.00 towards the organization expenses of the federation and also towards the deficit in the Vacant Lot Cultivation Association. To the latter organization a donation of $1,500.00 was made, leaving $5,300.00 for the Federation Organization Fund. Details of the expenditures will be found in the Financial Report of the Club for the year.

Much could be said of the excellent work which was done by the Neighbourhood Workers' Association during the epidemic which visited our city with such disastrous results in October and November last.

It was the first group of workers organized and constituted the nucleus for the Federation Community Service.

President's Report for 1918.

Shortly after their election your directors were able to make a very satisfactory arrangement with Rotarian George O'Neil, General Manager of the King Edward Hotel, whereby an office was provided for the Club. It has been found that many more of our members find their way to our Headquarters than was formerly the case. The fact of the office being in the Hotel enables many visiting Rotarians to call and register.

Your directors were offered, and after submitting the question to the membership, agreed to purchase some bonds of the King Edward Hotel Company. A dividend has already been paid.

The work of Vacant Lot Cultivation was carried on again during the year, the number of lots cultivated being 2060 or an increase of 1234 over the previous year. Special mention should be made of the splendid work done by Rotarians George Baldwin, Director Ridley, Ed. Hopkins, and the other members of this Committee. They were on the job at all times and the results of their efforts are very much appreciated.

The Club has been represented in all War Work Campaigns, the latest being the Navy League, Catholic Army Huts, Y.M.C.A. Membership, and the Salvation Army. In addition to these activities many Rotarians have been on hand at all hours of the day or night to meet our soldier boys from overseas. Added to this has been the request from the Federal Government that we assist in meeting the women and children dependants of our soldiers who are now coming back in large numbers. For meeting trains Rotarian Frank Goforth's Rotarian trained train meeters, rounded up by that indefatiguable gentleman, Ed. Hopkins, have done wonderful work.

We have had "The Ladies" dine with us on three occasions during the year, the first being in May, when we moved to the King Edward; the second occasion was a luncheon on the day set for the Vacant Lot opening ceremonies, after which we were entertained by Rotarian Roland Roberts at the Regent Theatre. The third occasion was December 20th, when we held our Christmas entertainment for the ladies and had as our special guests 25 orphan children from the Hostel managed by the Soldiers' Aid Commission. 310 Santa Claus letters handled.

We also had "The Ladies" with us on the occasion of our journey to the Hermitage, the home of Rotarian E. L. Ruddy and his good Rotarian wife, both of whom have a warm spot in our hearts. This event will long be remembered by those Rotarians who were fortunate enough to remember the date and take a chance on the weather.

To Wm. Barker, Chairman, Alex. McConnell, Archie Henderson, Alf. Roden, Harry O'Neil, and every member of the Picnic Committee, we owe a deep debt of gratitude for a splendid outing.

We have mentioned a few activities in which the Rotary Club has taken part this year, but after all have we done *all* that we might have done had all our members taken an active and personal interest in the work undertaken?

It should be remembered that membership in a Rotary Club must be looked upon as a privilege and an opportunity, and its responsibility demands a sincere endeavour to serve your fellowmen. Every Rotarian has got to do something beside attending the meetings, no man can hire a substitute—the ruling principle of Rotary being personal service. Therefore our motto: "He Profits Most Who Serves Best", and to me the profit has been in the satisfaction of being permitted the opportunity of helping the "other fellow", even though it has only been in a very small way.

In closing my report I would like to leave with you a few suggestions along the line of Community Servcie for your consideration, and with the hope that the in-coming Board may see their way to adopt one or more of them for the work of 1919.

1. How can we help Rotarian H. L. Brittain to help the citizens to help themselves by cleaning up the "Slum conditions in the Ward and those parts of the city to which it is overflowing?"

2. How can we help Rotarian W. G. Robertson of the Motor League to provide more parking space for motors? We have several vacant spots around the business section which could be made use of for this purpose.

3. How can Rotarians help the Provincial Fire Marshal in his efforts to prevent fires and conserve the appalling waste of life and property each year in Toronto? We are told that Canada has the greatest fire loss in the world, the figures for Toronto during the last five years being as

follows: 1914, $1,262,059.00; 1915, $1,369,021.00; 1916, $1,525,161.00; 1917, $1,168,577.00; 1918, $1,743,223.00.

4. How can Rotary persuade the citizens of Toronto to exercise their franchise, the result of which would be a better class of men at the head of our city administration?

The fact that in the past this subject has been looked upon as "Political" is a mistake and in my humble opinion a Rotary Club should treat it in the same light as other activities for Community Service.

I wish to thank my colleagues on the Board for the hearty support which they have given me during my term of office, and for their regular attendance at our Board meetings.

To Mr. Eldrid, who has always been most willing and anxious to be of service, I wish to say that I appreciate the assistance and thank him most heartily.

With assurance to the new Directors of my best efforts for the good of Rotary, I remain,

Rotarily,

W. H. ALDERSON,
President

The Social Background.

The Social Welfare Congress

Toronto, January 16th, 1919.

EVENING SESSION.

THE NEW SOCIAL ORDER

By DR. SAMUEL ZANE BATTEN,
Philadelphia

I am here to rejoice with you in the good news that comes to us, because it is good news for all. I was reminded of an incident told of the American Anti-Slavery Society that was organized many years ago to combat with this evil. When the amendment forever prohibiting slavery in the United States was finally ratified, the Anti-Slavery Society held a meeting in Boston, at which Wendell Phillips gave the closing address. He reviewed the history of its success, and then said, "We refuse to sheathe the sword; we simply turn its edge against a new foe".

This day represents a great achievement in our country. The Anti-Slavery Society refused to disband; they simply adjourned *sine die;* we are not going to even do that; we are going to organize now for the world fight, and we are going to join hands with you in having world prohibition. (Applause).

We have a very vital subject before us tonight. We stand in the dawning light of a new day. When the sun went down, July 31st, 1914, it set upon a world that has forever passed away. The World War, whatever changes it may bring in, represents the passing of one age and the beginning of a new epoch. One chapter of human history has closed, and Providence has opened a new page before us.

That war began as a mid-European war; before it closed it had developed into a world war. We see now that it was more than a war; it was a world revolution. It marks a change of front in the universe. Things will be different from this time forward. Things today are in a state of flux. It is impossible for us to return to that old world. As Lloyd George said some time ago, "Don't be always talking about getting back to where you were before the war; get a really new world". We are today standing at one of the great creative epochs in the history of our world. We are called to make moulds in which that molten life of humanity will be wrought. It is comparatively easy to make moulds; it is rather discouraging work to file a cold casting.

This decade upon which we enter, I believe, is one of the most significant times that our world has every known. We say that it is impossible for us to restore that old world. It is gone and let it go, but what kind of a world are we to have now? Will it be the same old world with the same old evils in it? Will there be in this new world poverty and disease and misery and crime and blindness and feeble-mindedness and war? Will we have industrial strife in the days to come as we have had in the days that are past? Well, if so, friends, then it seems to me it was hardly worth while for us to spend our money and to give our boys to carry on and see this thing through. But if this world war has revealed some of the defects in our civilization; if it has given to us a vision of a better social order and a growing determination to change the order of things, then we may well pay the price, heavy as that price has been, that we may have part in building that world that is to be.

But if we are to build a new world, it is very necessary that we should know what kind of a world we want. The only things that are moving of themselves, so I have observed, are things that are moving down hill, and if we want a new world, a better world, we must know what kind of a world we want; we must know what are the plans that lead us from the present into that great future; we must understand the means and the agencies which God has ordained; if we want to achieve Divine things we must use Divine means. And we must know what are the changes that must be made in the new social order.

There are several aspects of that that I want to consider with you for a few minutes tonight. I agree most fully with what the Chairman has said, and I am very glad indeed that he gave us that admonition at the beginning of this meeting. I want to make a confession that I had intended to deal with the defects in the social order in an advisory capacity, but I want to take some of his advice to myself, and say that the primary reconstruction today needs to be in persons themselves. As Thomas Carlyle used to say, "If everyone of us would take himself in hand, there would be one less scamp in the world".

There is some reconstruction that needs to be carried forward in individuals themselves. Our ideas and ideals need to be changed. Christianity has suffered a great deal from the wrong thinking of bad people, but Christianity has suffered a great deal more from the small thinking of good people. (Applause). And what we need for one thing is an enlargement of our vision.

Then along with that, there needs to be a change in our attitude; our attitude toward life, our attitude toward our brother, a willingness on our part to live a sacrificial life. Some time ago a friend of mine, one of the most eloquent and one of the most successful speakers on this continent, gave up his work and went back to his task in the slums of

Chicago, and Lincoln Roberts gave this as part of the reason. He had many offers to go into the universities and speak to the men, but he said, "No! I must stop all this for two reasons: one is that no man can hear the things said to him that are said to me without being spoiled, and the other is that I must go back and do some of the things I have been talking about, as I do not want to get into the habit of simply talking out of my mouth". So he gave up public speaking for a time and went back to his work in Chicago slums, to engage in that face-to-face conflict with the devil, lest he should be simply on the Advisory Committee of the World. When we have taken ourselves in hand, then we can look out upon that social order of which we are a part, and can consider some of the changes that must be made there—changes in which you and I may have some little share.

There are two or three aspects of that which we shall consider together. First of all, we want to deal with the community itself. There are no new evils facing us today, and yet we are facing some evils in a new light. The war has lifted them into a new significance. We see today as we did not see before, the evil of infantile mortality. We see a national menace in venereal diseases, in alcoholism. These things we see threatening the very life of the nation. Over in the United States for three years preceding our entrance into this war, according to the statement of the Surgeon General, 78% of the men who offered themselves for enlistment in the United States had to be rejected because of physical defects. Now, that would pass in ordinary peace times; we would not see the evil of it, but when a nation today is engaged in a life and death struggle, then we realize that a nation that would live and conquer its enemies must grapple with this evil of unnecessary disease, for warfare today is different from warfare in the generations gone by. Modern war is something more than a struggle of armed men in the field; it is the enduring test of the life forces of a nation.

These are simply a few of the evils that have been lifted into a new significance by the war.

It becomes us then as social workers to search for the causes of these things, to find the defects and the maladjustments in our order, that we may prevent these things in the days to come.

It is not necessary for me in such an audience as this to spend any time discussing the causes of these things; simply this one thing: we realize today that the causes are personal, but in a very large part they are social; they are due to defects, to maladjustments in the social order. That being the case, we must find these defects, and then we must set ourselves to remove them.

Take an illustration: Suppose every person in New York City by some divine power could be regenerated and could have the desire within

himself to live a Christian life. I say it reverently, but the grace of the Omnipotent God could not make a Christian city out of New York, built as it is, for God has ordained certain conditions on which you and I may live in this world. That is an extreme case, but it illustrates the principle with which we have to deal. We have been trying to make saints in hell—pretty discouraging work that. We have led people to the Christ, and then sent them back into evil conditions in our cities, and wondered why it was that so many of them have turned out badly.

That calls for pretty careful study on our part to find these defects, and it certainly calls for courage on our part to make the changes that are necessary. We must cut out of our order some of the evils that are here. You have seen the picture called "The Guardian Angel". It represents a bridge with a broken rail; the angel is standing there and is turning back a little child that is chasing a butterfly, to keep it from falling off the bridge. The original picture was at St. Louis Fair. Many of the people gazed at it for a long while. After a while a farmer came along, took a look at it and turned away. The farmer was asked why he turned away. He said, "I have seen all of the fool thing I want to". He walked over a little nearer and said, "Why does not that fool angel mend that rail, and then go about his business". (Applause).

We have been going on the theory that it is so sweet, so spiritual to pick up the children that are fallen, but—"Why does not that fool angel mend that rail and then go about his business?" Find the defects in your community and then remove them. Some things will have to come out of our communities if they are to become cities of God, and then some other things must be intensified in our cities. We spend most of our time at social conferences fighting evil. It is better to fight for good than to rail at the ill. I remember the words of Secretary Baker when we waited on him: "I would rather tempt the boy to play baseball than to drive him out of the saloon". We have been strong on the negative; we have to construct the positive, outline a constructive program, and conquer evil by supplanting it.

We have achieved national prohibition in the United States, praise be the name of God, but, friends, you have not destroyed the thing when you have prohibited it. You must fill its place, and our task really begins now, to bring in something very much better than the saloon, that will lead men on to better and higher things. That has to do of course with the whole question of recreation.

It is the business of a Social Service Congress to invent new ideas and set them to work in our communities. There is another aspect to this, and that has to do with the industrial order. We find a situation today that particularly discredits our civilization and discounts Christianity. You heard this afternoon that statement quoted from Mac-

kenzie-King that "we are standing on the brink of a volcano". I believe we are, friends. I do not know so much about conditions here, but I believe that is not an exaggeration so far as the States are concerned. We have a condition there that is exceedingly serious. We have had strikes and labour problems—friction, warfare. We cannot have that condition of things in the new order.

What is necessary then? First of all there must be a reconstruction in the ideas and ideals of men in their relation to industry, and the first thing is to recognize that industry is a necessity within society. Another thing is that we must change the motives for industry; and the third thing, we must regard the industrial world as a field of service. There are some realms of life in which we expect men to be unselfish, to take thought for others, to bear one another's burdens, but there are other great realms of life where we expect men to seek for himself, and the devil take the hindmost, where any kind of inhumanity is permitted provided it is done in the name of business, where men are allied to do one another to death, provided the arena be the market, and the instrument a bargain. The consequence is we have in the industrial world a condition that discredits our Christianity.

The very first change then must be in the ideas and ideals of men, and we must see that men are under obligation to bear one another's burden in the mill and at the bargain counter. What is the golden rule going to mean in the face of stockholders of a great corporation? If the golden rule does not apply there, then that title is not worth any more than last year's almanac. When we have new ideas and a new attitude toward men, we must make it effective in some new form of industrial organization.

In the history of industry there have been three relationships among men. First of all, the status represented by slavery. A man was born into a certain condition and could not get out of that. That is past in all civilized lands. Today we have a condition of contract where men agree to give so much time and so much energy for so much wage. That system as we saw this afternoon has practically broken down on our hands, and is working badly. We must pass to the third condition in industry which is simply co-operative industry or industrial democracy, and that is going to mean that there must be a thorough-going reconstruction in our industrial life. Why, friends, if the present organization of our industrial order is unchanged, the goodly fellowship of all the Apostles could not operate our industrial system and make its organization either just or peaceful. If we are to have democracy and justice and peace and brotherhood in the industrial world, there must be a thorough-going reconstruction of that world.

Now there is another aspect of it having to do with the nation. We had known all along that men were selfish and looked out for their

own interest, but we did not know until this war came upon us how selfish men were, and how willing they were to profit out of the sorrows of their fellows. A little over four years ago when this war began, there were forty-four men in the United States paying taxes on an income of a million dollars and over. On the 1st of December, 1917, we had 376 people in the United States that were paying taxes on an income of a million dollars or over. And I want to tell you, friends, that is one of the most disgraceful stories in the history of any people, that we increased the number of persons with a million dollars of income in the four tragic years of that world war some eight times. The profiteer was here. We found that the nation was unorganized. We were an undisciplined people. It was hit or miss. If we were to play our part in this world war, it was necessary for the Government to take control, and so it did with us as in many other nations—took control of the railways and the transportation, set the price of commodities, obliged every person to do work, rounded up the loafers from the pool rooms, and I confess as I read accounts of these idlers, I felt like thanking God that he was at work in His world; everybody in a time like that had to do a man's work.

Now the war is over, and the discipline is relaxed; the pressure is lifted, and possibly things will go back to the old order of things. Will they? If we revert to the old order of things in the States, if we allow monopoly to regain its hold, then I say this war has taught us nothing, and it would seem as though God would have to give us up.

This war is a war not of enfranchisement; it is a war against autocracy, against privilege, and men misunderstand it if they suppose that Kaisers and Czars are the only institutions that will have to disappear in this time. What have we gained, if in abolishing Russian Czars we have enthroned many Czars? What have we gained if in abolishing Kings, we have simply established industrial kings? We are facing a very serious situation here. What shall be our policies for the days to come? One of two things. Either we must have full Government ownership and control of all the resources of the nation, manufacturing, transportation, communication, distribution, or we must have such public supervision and control as will safeguard the interests of the people and prevent exploitation of the many through the power of the few. Which one of these courses shall we take in the days to come? I do not know, and I am not prepared to say which one of these courses should be followed. I am sure of this, however, that some of the most dangerous men in our land are the men who are saying, as some said a little while ago down at Atlantic City: "Let us go back to the old order of things. Let us establish that individualistic reign". Well, I am glad to say he did not make very much headway along that line. There were wiser men in that conference of 3,000 industrial leaders, and that word died out of mind.

We are not going back to that, friends. I am sure that the men who are resisting wise, strong public supervision and control are the very people that are forcing us into Socialism or Bolshevism. You know what Edmund Burke said: "Reform delayed is revolution begun". There is some reform that is overdue here in North America, and the men who are trying to restore the old order of things are the men that are simply driving us into revolution. Now, God forbid that the flood should break loose upon our land that has broken loose upon the nations of Europe, but, friends, don't forget that this evil came upon these nations because men in position of power and responsibility steadfastly and persistently resisted change and reform. They dammed up the flood, and the time came when the dam broke and the flood spread.

Wise advance is the policy before us in this hour. As I said before, I do not believe any man is wise enough to say just what ought to be done in all directions at this time. But one thing that we are going to affirm, is the right of every person to a fair chance in our world. We are going to say one person has just as much right to be here as any other person, and being in this world he does not borrow leave of anybody to be here, and every person born into the nation has an equity in the national inheritance, and he ought to receive the equivalent of that equity in opportunity and education, and we are going to insist, in the days to come, that there should be a very careful survey of these resources—timber, coal, water, oil—and we are going to have a very much stronger and wiser supervision of these in the days to come than we have had in the past. God did not place the coal in the hills of Pennsylvania simply and solely for seven men to hold and exploit as they pleased, against the people.

Just take one application of that principle. You ought to have a very careful survey made of your water power here in Canada. There should be a great station created where power shall be made, and then it can be transmitted to the cities and villages and homes of our land, and we will save our coal. It is the people's inheritance (applause), and it should be held in trust for the people. That is one of the first things we ought to do here in America, and it will have to be done by all of us together; there is only an invisible line, and the water flows over it.

We North American people must make a survey of our resources, and then we must resolve first that these resources shall not be wasted, but held in trust for the present generations, and conserved for the generations to follow.

There is another aspect of it that we want to consider, and that had to do with the reconstruction of the international world. This war has come upon us, friends, as a judgment of Heaven because of our sins, for we know today that the war has causes. Everybody expected this war; every discerning man in Europe lived under the shadow of an impending

calamity. Men had been expecting it for generations. It came, and we have seen some of the magnitude of this evil. Just think for a moment—some eight million men in the nations have been cut down in the prime of life, and it is estimated that more than fifty million people have lost their lives in one way and another as a result of this war. And other millions of men are wounded and crippled for life. That is only the beginning of the story. Millions of homes are broken and millions of children are cheated out of the child's joys, and I think that wrong against the child is the most serious wrong of all. That is not all, friends, but billions of money and millions of lives that ought to have gone into the work of human redemption and progress have been practically lost for the purposes of humanity; and for generations the nations of the world must be paying interest on these colossal war debts, and the child born in Europe three generations hence will be born under the shadow of this calamity.

We had hoped we were passing out of the darkness in the past and we were coming into the light of a new day. We were just beginning to stammer words of brotherhood. We were just beginning to reach hands across international lines and touch the hands of our brother. This war has come and divided men from men, and nation from nation, and it will be generations before some nations in Europe will trust the people of other nations. That is the evil, friends, in our world.

Now, we must set ourselves to the task of fighting what are the causes and conditions in our civilization which made such a disaster as this possible, for something is wrong with the foundation of a civilization that contains within itself the possibility of such a disaster. It becomes us then to find the defects in our civilization and set ourselves to the work of removing the old foundation and laying a true foundation, and build a structure on true international life.

In a sense we have believed in the Fatherhood of God, within our own circle. Someone asked a business man in New York if he believed in the Fatherhood of God. "Of course I do," he said, "except in business hours". We believe in the Fatherhood of God within our nation. We believe that the Anglo-Saxon is just a little more precious in the sight of Heaven than the red man or the yellow man or the black man. That somehow God must belong to our race; at any rate we were the pets of the Almighty, and he has chosen us to be just a little nearer to Himself than other people. That was the feeling down in our country, that the United States was to become the Whole Thing before very long.

Let us keep this in mind, that there must be a thorough-going reconstruction, first of all in the ideas and principles of the nations. We have gone on the theory of national absolutism. Germany has carried that to the extreme—farther than any other nation—but we have

had some of it in all our nations—"Britannia Rules the Waves". We have believed in the past that when a nation wants territory, she is free to take it if she can, that the backward peoples of the earth simply exist as a hunting ground for the exploiter and investor, and investments can be placed there by concessions that may be attained by honest or other means, and the Government at home must protect investments. That has been very much the policy of the nations of the world in the past. Germany carried that doctrine a little farther than any of the nations, and we see the result of it. We see the hideousness of that principle, and it is for the nations to repudiate that old standard of things, that doctrine of international morality. We must say first of all that there is one Father in Heaven, and He has made of one blood all nations of men, and that one nation has just as much right to be on this earth as any other nation, to develop its institutions and its territory. Then we must see that the principles of morality that are binding upon men are equally binding on nations, and it is just as tyrannical a thing for a nation to kill and steal as for an individual to do that thing. (Applause).

The first reconstruction must be in the ideas and principles of the nations, and that is a pretty big task when you come to see all that is implied in it. That is the difficulty in Paris at this time. If you have been reading between the lines in some of the accounts that have come to us from Paris, you will see that the great financial interests are there, and they are bringing pressure to bear upon their representatives, and it is these men, in a large part, who are delaying the meeting of that Peace Conference, and are complicating the issues that are arising.

We must repudiate false principles of international life, and affirm the true, and we must say that the Ten Commandments and the Sermon on the Mount are intended to apply across international boundaries. We do not know what Christianity can do, and what it means among the nations, for it has never been tried across international boundaries. That is the task today. Then when we have done that, we must make our new principles effective in some new form of International Organization.

I wish that there had been time in this conference for a much more thorough discussion of this question of the linking of nations. If we do not secure something of that kind, then we have accomplished nothing, and much of our planning, much of our serving in the days to come will be in vain. What does it matter how you and I talk about conditions in our own little village? The conditions in the world will determine the conditions down here in our community. The supreme question of the hour is this: Shall we have a league of nations, a society of states?

There are four ways in which the nations may live together on this earth. There are four conceivable ways: National absolutism—each

nation for itself. That may have been possible in the long past when the nations were small, but that condition of things is out of the question at this time. Nations are large and touch one another, and thought and trade have become international, and if we are to live by that old policy, then we must expect for all time to come just such disasters as this world war.

There is another way in which they may live together, and that is by the domination of the one nation over the others. That has been tried almost from the beginning. One man has had the wicked ambition born within himself of dominating the world and ruling mankind. It is a fool's dream, friends, and that dream always ends the same way. There is a little half-insane man in Europe, who had that madman's dream, William Hohenzollern, and he has gone the way of the other fools of the earth, for as Wendell Phillips said, "Fools and Kings never learn anything from history". But there will be other fools in the days to come that will have just as mad dreams as that. No, we cannot find peace that way. This world will never be dominated by any one man or nation; it will never be all American or British or German. The Throne of God is against it.

The third way is by great Empires: that is the policy of the present—building up great Empires. It is really significant to see how there are a half-dozen great Empires in the world that practically control the earth. We build up these great Empires and little nations have been compelled to take their place if they would live at all. We have been trying to maintain the peace of the world by a balance of power, and we know the result. There is no hope of peace with such a policy as that.

There is only one other possible course for mankind, and that is for us to make true for humanity some of these principles which we have accepted as true for the nation within itself.

The time came when society recognized the fact that a man who would live in society must come under the reign of law; he must take his place and have his interest decided by a soviet of the nation. Now, the hour has come for us to make true for humanity that principle which we have accepted as true for society. Humanity is crying to take a great step forward and find some way of expressing its common humanity; some way of organizing the brotherhood of mankind into a society of the state.

First, we must have a constitution and bill of rights for the world. We have such for nations; we must have such for the international life of the world. I have not time to indicate what are the items entering into the bill of rights. One of them would be this: That every nation has a right to be and a right to live its own life and enjoy its own territory. I am sure another right would be this: That inland states would have access to the sea, open ports, on equal terms with the other nations. I am sure also that a bill of rights ought to provide that every nation

shall have equal chance for trade in the world. I am sure that another principle would be that the great trade routes of the world ought to be world highways.

Then, along with that there must be an organization of the nations of the world—a Parliament or a Congress or a Duma—whatever the name may be—made up of representatives of the nations, that shall interpret the principles of international life, form international law and pass upon questions that may arise.

Along with that there must be an international world court, to pass upon questions between nations, and that world court must provide that if one nation has a grievance against another, or believes it has, it shall not be permitted to serve an ultimatum and take the law into its own hands. If one man has a grievance against another, he must take his case into court, where it is heard and decided, and society will not permit him to judge his case by taking a club and attacking his opponent. We will have that world court that will hear these questions, and no nation believing it has a grievance against another, shall be permitted to declare war until the case is presented and heard.

A little over four years ago, Austria believed she had a grievance against Serbia. Sir Edward Grey pleaded for a conference, but there was no time for anything, we were simply hurried into the war. In the world court there will be power sufficient to stay the hands of Austria, and if when the case is heard against Serbia, it is decided she must make amends, it shall not be permitted to jeopardize the world by a struggle.

Then there must be world police with power sufficient to maintain peace between nations, and to enforce the decree of that court. I realize, of course, that there are a great many open questions here, and I think it would be the greatest mistake in the world for our representatives at the peace table in France, in the next few months, to try to work out all of the details of that league of nations. But in the name of humanity and of the Father in Heaven, let us make a beginning. (Applause). Let us provide for a congress or parliament of the nations; let us provide that these men shall have power to form international law, and let us provide for a world court, made up of jurists of high character out of the nations that shall pass upon these questions, and let our nations together furnish men and material for that police force.

Along with that must come a certain amount of disarmament. I know that is unpopular. It is unpopular on our side of the line, and I am afraid it is unpopular among other folks speaking the same language, but if we are to have peace in this world among the nations, as we have peace in any society, we must agree to give over the use of deadly weapons. You will not permit a man in your community to gather deadly weapons; if you found such a man you would say he had evil designs against society.

Now, men and women, the time has come for us to make true for the world that principle which we have accepted as true for society, and to say that no nation shall be permitted to maintain armaments beyond what may be necessary for domestic purposes. The very fact of a nation gathering deadly weapons constitutes a menace against the peace of the world. (Applause).

There is one other item implied in that, and that is a world court of arbitration and conciliation. There will be a good many questions arising from time to time that are not covered by international law. Let us have a court of arbitration of equity if you will, and it shall pass upon these questions. Mr. John Scott Brown made the statement very recently over in the States, that there had been a good many cases submitted to arbitration in the last 100 years, and there is no case on record of a people that has repudiated the award of that court.

If this question, that was up four years ago in Europe, could have been submitted to a court of arbitration, we are inclined to think that the war might have been averted. By such provision we will arrange for the submission of these questions to a properly constituted court.

There are two other things in that which I am going to discuss. One of them is that we must cease the reign of economic imperialism. There is no use expecting peace in our world if we are going to allow surplus capital to look out upon the backward peoples of the earth and grant concessions there, and then exploit these peoples against their own welfare to the enrichment of the few, expecting all the time the powers at home to be used in protecting the investments. International capital must come under the control of reason and morality and law. We cannot have economic imperialism. We have had world imperialism, political imperialism. Oh, men and women of Canada, we are menaced tonight with a very much more deadly evil than that, it is the evil of economic imperialism, and we must control international capital by the principles of morality and law or we are in for a reign of war and confusion in the days to come.

The other principle is this: We must see that every nation holds its resources in pledge for all mankind. No nation in the days to come, as no individual, can gain possession of natural resources, and then hold them for themselves against society. Society has rights that are deeper than the claims of the individual, so we must see in the days to come, if a nation would enjoy the benefits of humanity, that one people must consent to have the use of its resources measured by the common welfare, and these resources of the earth must be made common property. Common in this sense, that they are open to all the recognized principles of morality and law. This is simply part of the dream that we may haev for the days to come.

The old order has gone. May I tell this little story: Several days ago a girl in an hotel in the Alps was looking through the glass at the distant mountains. She at once dropped the glass and screamed. A friend in the room picked up the glass and looked, and many miles away on the mountain, through the glass, he saw a tragedy. There were four men crossing the Alps; they had come to a narrow place in the road; they were tied together as they always are there. One man had slipped and fallen, hanging over the edge; the second man was down on a narrow ledge; the third man was on his feet, and the fourth man was on his feet with the rope fastened around a rock. There in that glass he was watching and then as he looked he was horrified to see that the rope between the fourth man and the third gave way, and these three men went over the edge, down to their death. He gave the alarm and by and by they found the bodies and brought them back. This man who had escaped found that everybody avoided him; he would walk along the street, and people would cross to the other side. At last he asked: "What is the matter? Why does everybody avoid men after my terrible experience?" He insisted that he should know and they said: "Well, since you insist on knowing—that rope was cut." And that man who had escaped was an outcast forever.

Oh men! oh women! here we are in this world on the very edge of eternity, bound together for a little while. Some of us are on our feet as we trust. Is our brother down there? Shall you and I say: "It is nothing to me?" Men and women, I would rather go to hell with other people than go to Heaven alone. The man that is willing to go to Heaven alone, is buried in Hell. We are bound in the bondage of our brother. We can be free only in the freedom of all. In that spirit let us go forth to live and to serve. (Applause).

The Provincial Board of Health of Ontario

Deaths from Spanish Influenza and Pneumonia for Four Months.

THE deaths reported from Spanish Influenza by the Undertakers for the Province since the first of October are 8,795. The disease does not appear to prevail to the same extent as in the earlier months of the outbreak, as indicated by the marked decrease in the number of deaths reported for the month of January compared with the first two months of the epidemic. The deaths by months are: October 3,015; November 2,608, December 1,568, January 1,514.

The returns for the last month include some 400 deaths that occurred during November and December, but through the negligence of some undertakers in Toronto, Hamilton and London, were not received until January.

The following cities and towns reported the greatest number of deaths for January, including the late returns of the previous months: Toronto 279, Hamilton 72, London 96, Ottawa 44, Kingston 13, St. Catharines 22, Windsor 22, Sault Ste. Marie 8, Port Arthur 17, Fort William 7, Guelph 13, Woodstock 6, Sarnia 9, Welland 10, Port Colborne 20, Haileybury 16, Sudbury 36, North Bay 12, Midland 9, Orillia 9, Barrie 9, Penetanguishene 17, Stratford 9, St. Mary's 10, Brampton 7, Grimsby 5, Paris 9, Walkerville 8, Owen Sound 7, Collingwood 4, Meaford 6, Kenora 8, Brantford 6, Goderich 4, Blenheim 7, Petrolea 5, Brockville 6, Sturgeon Falls 7, Parry Sound 6, Vankleek Hill 4, Pembroke 4, Chapleau 5, Winchester 8, Kitchener 4, Wiarton 4, Kincardine 4, Niagara Falls 49.

The reports of secretaries of local Boards of Health of Communicable Diseases for the month of January is most satisfactory, as they show a decided reduction in all the diseases except tuberculosis compared with the corresponding month in 1918. The increase in the number of deaths from tuberculosis is due entirely to the more complete returns of the undertakers compared with the reports made by the secretaries last year when scarcely one half of the deaths were reported.

Report of Communicable Diseases for the Month of January, 1919

COMPARATIVE TABLE.

Diseases.	*Cases.*	*Deaths.* 1919	*Cases.*	*Deaths* 1918
Smallpox	37	0	79	0
Scarlet Fever	206	4	337	7
Diphtheria	294	25	394	32
Measles	5	0	1013	13
Whooping Cough	55	6	367	8
Typhoid Fever	11	2	24	7
Tuberculosis	186	156	187	60
Infantile Paralysis	—	—	4	2
Cerebro-Spinal Meningitis	4	4	4	3
	1804	197	2409	132

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH

	JANUARY 1919 *Cases.*	DECEMBER 1918 *Cases.*
Syphilis	125	64
Gonorrhoea	138	110
Chancroid	1	4
	264	178

NOTE.—Syphilis caused 7 deaths, 4 being hereditary, all babies under 1 year.

SMALLPOX CASES FOR MONTH OF JANUARY, 1919.

Ottawa	7
Hamilton	1
Port Stanley	9
Belleville	1
London	1
Port Dover	1
Renfrew	1
Westmeath	6
Cornwall	3
Coleman Township	2
Scott Township	3
Hope Township	1
Ernestown Township	1
	37

Important Conference of Public Health Officers, February 3rd, 1919

THE first steps toward the organization of a Social Hygiene programme for Canada were taken, when representatives of a number of the Provinces met in Ottawa at the call of the Acting Premier, Sir Thomas White, to discuss legislation for the control of Venereal Diseases.

This important conference was brought together at the suggestion of the military authorities. Each Province was invited to send its chief health officer.

While some of these were unable to be in attendance, those provinces which could not send representatives sent telegrams expressing their regret, as well as their cordial sympathy with the objects of the conference.

Those present were:

Hon. J. A. Calder, Minister of Immigration and Colonization.

Major-General J. T. Fotheringham, D.G.M.S.

Dr. P. H. Bryce, Chief Medical Officer, Dept. of Immigration, Ottawa.

Dr. Gordon Bell, Provincial Health Officer, Manitoba.

Dr. Geo. G. Melvin, Chief Medical Officer of Health, New Brunswick.

Capt. Gordon Bates, Toronto.

Hon. Wm. F. Roberts, Minister of Health, N.B.

J. W. S. McCullough, Lt.-Col., C.A.M.C., Chief Officer of Health, Ontario.

Hon. W. D. McPherson, Provincial Secretary, Ontario.

Wm. Hutchinson, Major, C.A.M.C., Montreal.

Dr. J. A. Hutchinson, President, Canadian Public Health Assoc., Montreal.

Dr. Elzear Pelletier, Secretary, Superior Board of Health, Que.

Dr. A. H. Desloges, General Medical Superintendent of the Insane, Quebec.

Dr. Arthur Simard, President, Superior Board of Health, Quebec.

Dr. M. M. Seymour, Commissioner of Health, Sask.

Mr. Vincent Massey, who acted as Secretary to the Conference.

The chair was taken in the morning by the Hon. J. A. Calder, and in the afternoon by Hon. W. D. McPherson, Provincial Secretary of Ontario. At the morning session, the Conference was addressed by Major General J. T. Fotheringham, D.G.M.S., Major Wm. Hutchinson, C.A.M.C., and Captain Gordon Bates, C.A.M.C., Toronto.

During the afternoon session, an important discussion took place in which the many aspects of the question were dealt with. The following resolutions were passed:

"Whereas in the 'Reconstruction of Canada' following the great war, there are very many important problems that must be taken into consideration such as Finance, Soldiers' Re-establishment, Labour, etc. Among these the conservation of the health and lives of the people is equally if not most important to be dealt with—as *life* is the country's greatest asset.

"Therefore resolved that this Conference whose personnel is made up by representatives from the various Provincial Governments of Canada together with their Chief Medical Officers, assembled at Ottawa this Third Day of February, 1919, at the call of the Acting Premier, the Honourable Sir Thomas White, for consideration of the Venereal Disease question, do memorialize the Government of Canada that it is in the interests of the future health and life of the Citizenship of Canada that there should be immediately established a Federal Department of Health."

"That the representative of the several Governments and Health Departments of the Provinces of Saskatchewan, Manitoba, Ontario, Quebec, and New Brunswick assembled in conference, at the call of the Acting Premier of Canada, are agreed, subject to the consideration of the governments of the respective provinces, that the following general principles are necessary in any provincial legislation looking to the prevention and control of Venereal Diseases in the said Provinces:

(*a*) Compulsory notification.

(*b*) Compulsory treatment.

(*c*) Standardized treatment.

(*d*) Authority to examine persons suspected of being affected with Venereal Disease.

(*e*) Prevention of quack treatment, quack remedies, and of the advertising of such treatment and remedies.

(*f*) Right of entry of Public Health authorities.

(*g*) Prevention of Infection.—See Ontario Act, Sec. No. 8.

(*h*) Power to make regulations by Order-in-Council.—Sec. 13, Ont. Act.

(*i*) Liability of Municipalities or Local Authorities—Sec. 14 (1) Ont. Act.

(*j*) Penalties.—Sec. 13 (*j*) Ont. Act.

"That the Criminal Code of Canada be amended so that a person who is suffering from Venereal Disease in a communicable form, who knowingly or by culpable negligence communicates such Venereal Disease to any person shall be guilty of a criminal offence.

"Provided that (*a*) A person shall not be convicted under this section if that person proves that he or she had reasonable grounds to believe

that he or she was free from Venereal Disease in a communicable form at the time the alleged offence was committed, and (*b*) no person shall be convicted of any offence under this section upon the evidence of one witness unless such witness be corroborated in some material particular by evidence implicating the accused.

"In view of the fact that the Government of Great Britain supports the treatment of Venereal Disease in the proportion of 75% to that of 25% paid by the local authorities this conference respectfully urges upon the Government of Canada, to provide financial assistance to the provinces on a scale similar to that in Great Britain, for the treatment of these affections."

"That this conference suggests that all seamen coming within the purview of the Immigration Act be examined for freedom from Venereal Diseases before being allowed ashore at Canadian seaports."

"Whereas the successful control of Veneral Disease depends among other factors upon facilities for the free or readily available and adequate treatment of these diseases, and

"Whereas the cost of one of the remedies for the cure of Syphilis, viz., Salvarsan, and remedies of that character, is excessive, and

"Whereas the production of this remedy in Canada is monopolized by two persons or firms, who have been licensed to carry on such production;

"Therefore, be it resolved, that this conference do respectfully recommend that the Government of Canada shall give the right of production of Salvarsan or other remedies of this nature to any person or firm or corporation satisfying the head of the Health Department of any Province, or in the event of the establishment of a Federal Department of Health of the Head of that Department of his or their ability to successfully produce a satisfactory product of this kind."

"That it is the feeling of this conference that a further meeting representative of social agencies should be called to discuss the constructive social measures which may be undertaken to combat the existence of Venereal Disease in the Dominion."

"That legislation be made to prevent the advertising, selling, or giving of quack medicines to cure Venereal Disease."

While no formal resolution was passed it was the strong feeling of the conference that legislation dealing with Veneral Disease to be effective should be supplemented by the further development of the machinery necessary to enforce it."

C.A.M.C. News

Month of January, 1919.

APPOINTMENTS (CANADA).

Capt. John Wesley Brien is posted for duty at the Hart House, Toronto.

Lieut.-Col. Charles Hawkins Gilmour resumes duty in M.D. No. 2 from M.D. No. 5.

Capt. William Henry Butt is posted for duty under the A.D.M.S., M.D. No. 2 on ceasing to be seconded to the Royal Air Force.

Lieut. Ashley William Valens is posted for duty under the A.D.M.S., M.D. No. 13 from M.D. No. 2.

Capt. Harold St. Clair Wismer is detailed for duty at the Military School of Orthopaedic Surgery and Physiotherapy, Hart House, Toronto.

Major William Bernard MacDermott is posted for duty as Officer Commanding the London Military Convalescent Hospital, vice Major John Cameron Wilson.

Major Edward S. Jeffrey, M.C., is posted for duty under the A.D.M.S. M.D. No. 2.

Capt. Joseph Jordan is posted for duty under the A.D.M.S., M.D. No. 2.

Major (temp. Lieut.-Col.) Charles Carter is detailed for duty temporarily as D.A.D.M.S. Hospitalization, M.D. No. 2.

Lieut.-Col. David Alexander Whitton is posted for duty as Officer Commanding Camp Hill Hospital, vice Lieut.-Col. A. J. MacKenzie.

Capt. Hiram Benson Thompson is posted for duty under the A.D.M.S., M.D. No. 2.

Colonel George Eli Armstrong, C.M.G., is posted for duty as Consultant in Surgery in M.D. No. 4, and as surgeon in charge of the proposed Special Surgical Clinic at the Royal Victoria Hospital, Montreal.

Capts. Wilfred Elmo Jones White and James Moore are appointed under the A.D.M.S. Embarkation and attached to the Clearing Services Command.

Lieut.-Col. Charles Stanley McVicar is posted for duty as Officer Commanding Dominion Orthopaedic Hospital.

The following officers are appointed as medical officers to conducting staffs and attached to the Clearing Services Command: Capt. James Wallace Smuck, Major James Allen Williams, Capt. Arthur William McArthur, Capt. Kelso Carmichael Cairns, Capt. Thomas Ronald

Dwyer, Capt. Albert Theodore Leatherbarrow, Capt. Saul Alfred Cloutier, Capt. James Henry Egbert, Capt. Samuel Astrof.

Lieut.-Col. Gilbert Royce is posted for duty under the A.D.M.S., M.D. No. 2.

Capt. Michael Joseph Casserly is posted for duty under the A.D.M.S., M.D. No. 2.

Capt. (a/Major) John Ewart Campbell is posted for duty under the A.D.M.S., M.D. No. 11.

Capt. Donald Cecil McFarlane on being appointed for special duty in connection with demobilization overseas is attached to the Clearing Services Command.

Promotions.

Major Robert Michael Hillary to be Lieutenant-Colonel whilst specially employed in connection with Medical Services, M.D. No. 2.

Lieut. Aulder Leopold Gerow, M.D. No. 7 to be captain.

Lieut. William Harold Maxwell Johnson, A.M.C. Training Depot No. 1, to be Captain.

Lieut. William Hunter Woods, A.M.C. Training Depot No. 1 to be Captain.

Returned from Overseas.

Capt. L. A. Grier, Capt. W. E. Graham, Lieut. C. E. Lamb, Lieut. V. B. Persee, Capt. Hiram Benson Thompson, Lieut.-Col. Edward Cooper Cole, Capt. A. R. Perry, Capt. J. C. McCullough, Capt. W. McCullough, Capt. A. F. Argue, Capt. (a/Major) H. H. McIntosh, Major W. L. Shannon, Capt. G. M. Reid, Capt. Walter Walker Wright, Major Thomas Francis O'Hagan, Capt. M. W. Macauley, Capt. W. V. Sargent, Lieut.-Col. J. F. Wood, Capt. R. H. Thomas, Colonel J. M. Elder, Major (a/Lt.-Col.) G. Turner, Capt. D. A. McCaulay, Lieut.-Col. G. Clingan, Capt. H. G. Craig, Major Thomas Pinkerton Bradley, Capt. W. L. Muir, Capt. Alexander Douglas Dyas, Capt. Arthur John Martin, Major H. C. Hall, Capt. J. E. Berry, M.C., Capt. N. E. Taylor, Capt. L. S. Foster, Capt. A. B. Blackett, Capt. D. St. C. Campbell, Capt. W. F. Coy, Major W. A. Croves, Capt. C. E. Slatt.

Retirements.

Capt. Franklin Bracker on general demobilization.

Capt. Charles Watson Hurlburt assumes duty with the Board of Pension Commissioners.

Capt. Robert James Gibson on general demobilization.

Capt. Arthur Earington Ranney on general demobilization.

Capt. Walter Linlow Barlow on general demobilization.

Capt. Charles Delmar Rilance, medically unfit.

Capt. Julien Derwent Loudon, medically unfit.

Capt. Wilfred Curtin, medically unfit.

Lieut.-Col. Hadley Williams on general demobilization.

Lieut. Joseph Percy McGrath on general demobilization.

Major William Wesley Lorne Musgrove on general demobilization.

Capt. Henry Mansfield Torrington, on general demobilization.

Capt. Edwin P. Roach, on assuming duty with the Invalided Soldiers' Commission.

Capt. Lawrence Thornton Ainley, on assuming duty with the Board of Pensions Commissioners.

Capt. Thomas Gaddes, medically unfit.

Major Harry Manley Nicholson, on assuming duty with the Board of Pension Commissioners.

Lieut. Robert Henry Baker, on general demobilization.

Capt. William Berkeley Stark, on general demobilization.

Capt. Harold D. Courtenay, on assuming duty with the Board of Pension Commissioners.

Capt. Donald George Sinclair McKay, medically unfit.

Note and Comment

A RECENTLY completed analysis of the statistics of over ten million wage earners insured in the Metropolitan Life Insurance Company shows that during 1918 the mortality was higher by more than 30 per cent. than prevailed for 1917. In 1918 no less than 17.85 claims were paid per 1,000 of all policies in force as compared with 13.71 per 1,000 in 1917. The relative increase in the rate is 30.2 per cent. With the exception of March and April, the death rate in 1918, between January and September, was from 5 to 18 per cent. lower than in the corresponding months of 1917. In March and April an epidemic of the ordinary type of winter and spring influenza raised the death rate slightly above the figures for 1917. In fact, in April the death rate was 14.67 per 1,000, an increase of 3.4 per cent. over the figure for 1917, 14.19 per 1,000. February, strangely enough, following the severe, cold weather of January, showed a decrease in mortality over the figures for the corresponding month in 1917. In February, 1918, the death rate was 17.8 per cent. lower than the rate in February, 1917. Beginning with the month of October, however, the death rate began to rise above the figures for 1917. In that month, the mortality rate was 20.42 per 1,000 as compared with 10.94 in October, 1917, an excess of 87 per cent. The November mortality rate, 49.48 per 1,000 was highest for any month in the year and may be compared with the figure of 13.56 for 1917. The November mortality rate in 1918 was three and two-third times that of the November rate of 1917.

The mortality rate for the month of December, 1918, 23.8 per 1,000, may be compared with a rate of 12.03 in December, 1917. The December mortailty was 98 per cent. in excess in 1918 over the mortality for the corresponding month in 1917. A study of the mortality figures according to single weeks between the first of October and the end of December, shows that the highest mortality rate was experienced in the week ending November 16th, when a figure of 53.39 per 1,000 was registered. This mortality rate was higher than four times the figure usually experienced in the corresponding week of previous years.

During the weeks when the epidemic was at its peak, very nearly four-fifths of the deaths reported were due to diseases arising out of epidemic conditions.

A further study of these statistics is being made with a view toward contributing to the medical data of the epidemic. Such data will be offered to the public as soon as the tabulations are completed.

Metropolitan Life Insurance Company Bulletin.

The Red Cross War Council has appropriated the sum of $30,000 for the purpose of creating a loan or scholarship fund for nurses who need instruction in public health nursing, for the year ending December 31,

1919, these scholarships to be granted to enrolled Red Cross nurses on recommendation of the division directors of nursing and by the director of the Department of Nursing at National Red Cross Headquarters.

It is expected that public health nursing work will undergo a great expansion in the near future, and in order that the Bureau of Public Health Nursing may have a sufficient personnel to fill the positions it will be necessary to prepare large numbers of nurses for the duties required. The scholarships are designed to assist many nurses who will be returning from abroad or released from cantonment service, who may not be in position to pay the expenses of preparation, but who will be glad to devote their time to fitting themselves for the public health work. —*The Red Cross Bulletin.*

The plan presented for doing away with tinkering with disease and establishing a health army is a most optimistic one. It would exalt organization and methods above all else in combatting and conquering disease. The health army, under the jurisdiction of and paid by the government would be composed of all the medical service in the state. "The fight in the future must be made by a disciplined army instead of an undisciplined mob, each member doing what is right in his own eyes and working at cross purposes to his neighbour."

The health army would have to be given plenary powers by legislation to deal with disease on the lines which scientific research has approved. This plenary power to fight disease would not in the slightest degree prejudice the rights of the individual sufferer from disease, but on the contrary, would give him double the chance of recovery, and at the same time protect the healthy from danger of infection.

Under the new regime, medical treatment would be as free to everyone as is school education today, and everyone would have to accept medical treatment in his own interest and that of the community, just as he must today accept education for his child whether he wants to or not.

After ten years of such a system providing adequate sanatoria and hospitals, isolating every case of an infectious disease, rigidly inspecting living conditions, it can be seen that Disease, Death, and their sister, Destitution, would show an enormous reduction.

The economic result in saving lives is almost too enormous to estimate in terms of dollars, but an illustration of a part of it can be shown in the annual cost of one disease alone. The total number of deaths from tuberculosis in the United States is 150,000 which, calculated to include the loss in wages, cost of caring for sick, and cost of dependents, represents a financial loss of $330,000,000. It is fair to say that a reduction of one-third of this amount would defray the expenses of the health army.

(Abstract from "The Dawn of the Health Age," *Minnesota Public Health Association Journal.*)

THE RED SOUVENIR*

When you've opened your bag on the parlor floor,
And poured our your souvenirs,
Your helmet and buttons and bits of shell
That you snatched out of those pits of hell
And saved for souvenirs;

When you've spread them out and told your yarn,
Not once, but a hundred times;
And shown the scar of your shrapnel wound
And handed your nurse's picture round
And blushed, yes, a thousand times;

When you've gone to bed in the same old room,
With the same old good-night kiss,
And you think of tomorrow's days and years
And laugh at the horrors of oldtime fears
When rats gave your only kiss;

When peace and quiet caress you again
And your soul will have its say.
And it stalks forth grim and fearsomely
And stands in the moonlight for you to see
And you know what it's going to say—

Can you look straight into piercing eyes
And swear you've kept the faith;
That through all war's hell you've guarded the trust,
And you've brought no red souvenir of lust
To betray and tarnish that faith?

Can you fall asleep with a smile on your lips
And awake with a laugh at tomorrow,
To find no rust on the gleam of your shield,
No blot on the flag that made Germany yield?
Then laugh, and take joy in tomorrow!

* From one of the Army Section demobilization leaflets.

—Reprinted from the *Social Hygiene Bulletin*, December, 1918.

Editorial

A Social Hygiene Programme for Canada

ELSEWHERE in the present number is a brief article descriptive of a conference on venereal disease called by the Dominion Government in Ottawa on February 3rd. This conference was attended by provincial health officers from all parts of the country and by some provincial Cabinet Ministers. The distinctly public health aspect especially as applied to the matter of facilitating treatment was discussed at length and a number of important resolutions were passed as to action which should be undertaken by all the provinces.

This conference was an important one and a step in the right direction. Among other valuable results it should impress the country with the necessity for some permanent machinery for co-ordinating all health work throughout the Dominion—machinery such as can be best provided by a Federal Department of Health. As for the venereal disease problem itself the conference already held can only be a beginning and the larger conference which it is expected will be soon called to discuss the broader questions of social hygiene will be necessary to bring results.

The question of prostitution must be firmly dealt with. Educational work must be undertaken by all of our great national agencies and the social factors which are at the bottom not only of venereal disease and its underlying immorality but also much of the unrest throughout the country must be taken seriously into account. "A Social Hygiene Programme for Canada" may well be comprehensive enough to make a tremendous difference to the welfare of young people throughout the whole Dominion. It is hoped that the Government will act. When they do they will have the support of every citizen who has the interest of public health at heart.

A Certificate of Health before Marriage

Recently a special committee of the Ontario Legislature discussed an amendment to the Marriage Act proposed by Dr. Forbes Godfrey, member for West York, requiring medical examination of all persons applying for marriage licences. This amendment read as follows:

"In addition to the affidavit mentioned in subsection 1, before a licence or certificate is issued there shall be delivered to the issuer or deputy issuer a certificate in writing, signed by a legally qualified medical practitioner and stating that he has personally examined each of the parties to the intended marriage and that neither of them is an idiot,

imbecile, epileptic or lunatic or feeble-minded or defective or a sexual pervert, drug habituate, habitual vagrant or suffering from venereal disease, tuberculosis, or cancer, and that in his opinion general condition of each of the said parties is such that the offspring of the marriage will probably be of normal mentality and physical." The committee refused to recommend the amendment in its present shape.

While it is possible that as it stands this amendment is not desirable legislation nevertheless Dr. Godfrey is to be commended on the fact that he has raised the question at the present moment. There is no doubt that the fact that so little attention is paid to health in its relation to marriage has many tragic results and that some action must be undertaken in the near future. Legislation has already been passed in a number of states in the United States, some adequate and some unpracticable. A very useful provision is that in vogue in New York State which compels the applicants for a marriage licence to make a statement that they are not suffering from venereal disease and if they have suffered from it during the previous five years have a certificate to the effect that they are cured. The educational effect alone of this provision should be of great value.

Dr. Godfrey is to be congratulated on the fact that he puts his medical knowledge to good use on the floor of the Ontario Legislature and doubtless his efforts in the interest of public health will continue to bear fruit. It is to be hoped, however, that he continues to press this matter during the present session as there is no reason why some useful amendment should not be made to the Marriage Act dealing with this question at the present moment. There is no doubt that as soon as public opinion is ready for it the essentials of Dr. Godfrey's present amendment should and will become law.

The Rotary Club

In another part of the present issue appears the address of the retiring President of Toronto Rotary Club to the members on the occasion of their annual meeting. The address is printed in full because it is an adequate representation of the ideals of Rotary throughout the world and because of the fact that the spreading of such ideals by Rotary Clubs everywhere means that organized public service work is becoming part of the job of the best class of business men.

Elihu Root in an address at the University of Toronto recently made the statement that universities should teach citizenship. He was probably impressed by the fact that frequently universities in the past have been too occupied with the task of turning out "gentlemen" to have time to think of the relation of their graduates to the general welfare of the community.

Fortunately conditions are changing and the past four years have impressed people generally with the fact that the policy of "everyone for himself and the devil take the hindmost" is scarcely suitable if the welfare of people generally is to be considered. The policy of the United States Government of asking the aid of Rotary Clubs in their public service plans has had good results because public service is a principle with every Rotarian. But if you would know more about it read Mr. Alderson's address.

Book Reviews

Home and Community Hygiene, a text-book of Personal and Public Health, by JEAN BROADHURST, Ph.D., Assistant Professor of Biology, Teachers College, Columbia University. Cloth $2.00. J. B. Lippincott Company, Philadelphia and London.

This concise and very readable manual is filled with valuable matter concerning the problems of preventive medicine and is not too technical to be of the greatest value to the general reader. While not of the comprehensive character of some of the larger text-books on Hygiene it should be very useful in courses or institutions where this subject is not given quite the attention which must necessarily be paid to it in the medical school—for instance, in departments of home economics, engineering schools and academic colleges. It should be of special value to the student of household administration and to the student of nursing.

Most of the usual topics taken up under the subject of Hygiene are touched on and dealt with adequately with one notable exception. The Social Hygiene movement has developed so rapidly during the last year that no volume of this character would be complete without some discussion of it. No reference whatever seems to be made to the subject here and venereal diseases are barely mentioned. Aside from this omission the volume is worthy of all praise. G. A. B.

Nursing Technic, by MARY C. WHEELER, R.N. Cloth $1.50. J. B. Lippincott Company, Philadelphia and London.

This little manual covers many of the important details of nursing technic. It is very complete and treats each subject dealt with in a most detailed and concise manner. Information desired as to any particular procedure can be obtained very quickly and the range of subjects covered is wide. The general headings are Housekeeping, Beds, Baths, Patient, Medicinal Topics, Dressing Room, Specimens, Emergencies and General Topics.

Joint Meeting of Canadian Public Health and Ontario Health Officers Associations at Toronto on May 26th, 27th and 28th.

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The Public Health Journal

Vol. X. MARCH, 1919 No. 3

Democracy and Public Health Administration*

By Charles J. Hastings, M.D., C.M., L.R.C.P.I.

I WISH to express to my colleagues, in the fullest degree, my appreciation of the very high compliment they have paid my country, and incidentally the great honour they have conferred on me, in electing me President of the Association, and I shall take this opportunity to express my appreciation of the most valuable co-operation and assistance of the members of the Executive, the Board of Directors and our worthy Secretary. Unitedly, we have endeavoured to visualize the future of the American Public Health Association.

As my subject indicates, I am going to depart from the well-trodden paths of Presidential addresses. Presidential addresses are not very popular. They are not usually good drawing cards. The most outstanding exception to this, however, was the address delivered by President Wilson in April 1917, when your nation declared war on Germany. That address was most highly appreciated by every intelligent individual in the Allied nations.

The fact that war has been foremost in our minds for over four years, even though the glorious consummation so devoutly hoped for has been attained, justifies, on this occasion, a brief reference to our allied relationship.

The conditions under which our nations entered this great conflict were practically the same. These conditions were fittingly expressed by the Rt. Hon. Mr. Asquith, then Prime Minister of Great Britain, in an address to the British House of Commons, immediately after the declaration of war, in which he said: "No nation ever entered into any great controversy, and this is the greatest that history will ever record, with a clearer conscience and a stronger conviction that it was fighting, not for aggression, not for personal gain, but in defence of principle, the maintenance of which is vital to the civilization of the world". When the

*Address of the President, American Public Health Association, December 9th, 1918.

German Imperial Chancellor learned of Great Britain's intention, he, in a rage, said: "Just for one word 'neutrality', just for a scrap of paper, Great Britain is going to make war on a kindred nation." "I wish you to understand," replied the British Ambassador, "it is a matter of life and death—for the honour of Great Britain—that she should keep her solemn engagement to do her utmost to defend Belgium's neutrality if attacked."—(A Scrap of Paper!)

The Imperial Chancellor could not understand that when Great Britain puts her name to a treaty that she signs it with blood. The German Chancellor well understood that war is hell, but he found it convenient to forget what Dante taught—that the very heart of hell is reserved for those who are traitors to their friends.

When the United States entered this war, she did so in defence of principles. When the United States signs a treaty, she too signs it with blood. I think it was Victor Hugo who said: "A fixed principle is like a fixed star—the darker the night, the brighter it shines."

The reason for this similarity of action of the British Empire and the United States is obvious. The acorns produced by the stalwart oaks of the British Isles, carefully conveyed across the Atlantic and planted on the hillsides of the New England States, removed from the shadow and protecting influences of the mother oak and consequently forced to stand the various tempests and vicissitudes of life, developed the kind of man timber that would not submit to autocratic dictates and coercion but revolted. In doing so, you built more wisely than you knew, as by that revolutionary war, you made it possible for the remaining Dominions of the Empire beyond the Seas to obtain by evolution what you then obtained by revolution. Unfortunately one hears the war of Independence only too frequently referred to as "the war between the United States and Great Britain", instead of "Great Britain's civil war", British fighting against British—a family quarrel.

The conflict that we have just passed through has afforded an opportunity for us to better understand each other.

And now that, in the phraseology of Shakespeare, the black cloud of war that has been lowering upon our house-tops for the past four years or more has been dispersed, and that our bruised arms have been once more, and I hope for all time, hung up for monuments, and our stern alarms changed to merry meetings, it remains for our Association to play its part in medical demobilization at least and in the enlisting of all the physicians who have been specially trained in preventive medicine and also all public health nurses into our army to combat the invisible foes of our race.

For the next three days you will have presented to you, and hear discussed, every phase of Public Health Work, especially the epidemic

that we have just passed through, the future of the American Public Health Association and the future of the American Public Health Service. Consequently, I am going to address you for a few minutes on "Democracy and Public Health". I am going to present a few plain facts and ask you to consider with me their application. The time has come when, if we are going to give our boys the democracy that they have been fighting for, we must face the facts and prepare to deliver the goods.

The True Democracy.—Modern public health administration, as I see it, constitutes the very quarry from which may be hewed the chief corner stones of true democracy. By "true democracy" I mean the "Lincoln Brand" of democracy. The brand of democracy that means liberty and justice for all, and makes possible for every citizen the development and maintenance of a sound mind in a sound body. This is the democracy that our boys have been fighting for—the democracy that, if we are going to keep faith with our boys, we must be prepared to deliver.

Under our present Public Health Administrations, we require people to conform to certain regulations. We endeavour to teach them how to live. We tell them that plenty of nutritious food, fresh air and sunshine are the best and only reliable remedies for tuberculosis and other wasting diseases. We insist on mothers nursing their babes, assuring them that by doing so they give their infants ten chances to one that they would have if artificially fed. But what are we doing to make these things possible?

No democracy existing to-day assures these conditions, except in a fragmentary way, but, thank God, there is evidence on all sides of an awakening of the social conscience to the appalling social conditions existing to-day, with poverty on the one hand and luxurious idleness on the other. What our nations require is a fitter race, and what every individual is entitled to, is the development of the best mental and physical abilities of which he is capable and no government is worthy of being called a democracy that does not make this possible. In the democracies of to-day this is obtainable only for the few, while tens of millions are toiling for a wage which denies them this right.

As General Gorgas said, a few years ago, in an address delivered in Cincinnati: "If he were given only one means by which to improve the health of the people on this Continent, he would choose for that one, the doubling of the revenue of the wage-earner." This of course, to be efficient, would require to be accompanied by a well-organized educational campaign along the lines of thrift.

Is it not time for introspection? Is it not time that we were doing a little political and social stock-taking of our so-called democracies to see if they measure up?

The world has been talking more and thinking more about democracy in the past four years than in centuries before, inasmuch as the great

struggle that we have just passed through has been for the most part for the democratizing of the world, and yet how many of us have taken the trouble to determine what real democracy means?

When one considers the heterogeneous character, however, as regards race, language and traditions of the population of this great Republic, one is forced to conclude that your experiment in democracy has been fairly successful, but like our crowned democracy, it is badly in need of remoulding and must go into the melting pot with the other so-called democracies of the world. We must not be content with anything but the sterling article, the democracy that will stand the acid test. That is what our boys have been fighting for.

The Origin of Democracy.—Democracy is becoming so popular that all are claiming its nativity. Some claim that it was born and cradled on the *Mayflower.* Others that it was born in the manger at Bethlehem of Judea. Others that it first saw the light in Great Britain when John was forced to sign the Magna Charta at Runnymede, while ancient historians give credit for its conception and nativity to Greece and Rome, and I have no doubt that the Israelites would claim that previous to the time of Saul, over 1,000 years B.C., that their government of Theocracy, which incorporated social and religious societies, constitutes the true democracy.

It must be apparent, however, that the efficiency of any democracy depends on the intelligence of the people that go to compose it.

We do not find in the democracy of the United States or the crowned democracy of Great Britain, or any other democracy that exists to-day, "Liberty and Justice for all", or even the political principles of the government of the people, by the people and for the people, but rather the government of the people, by the money for the few, and while democracy does not recognize aristocracy of birth or aristocracy of wealth, yet it does recognize aristocracy of worth.

As Napoleon the First expressed it, "The French Revolution meant a clear pathway for merit of whatever kind." This means giving every man a chance.

In describing democracy, James Russell Lowell said: "I would say that it is that form of society, no matter what the political classification, in which every man has a chance and knows that he has it." "If a man can climb, and feels himself encouraged to climb from a coal pit to the highest position for which he is fitted, he can well afford to be indifferent as to what name is given to the government that makes that possible," for he sees in it Liberty and Justice.

Democracy does not mean equality of men, but of opportunity.—No form of government, however, can make all men equal. The laws of eugenics make this impossible, but true democracy gives every man a chance.

It simply means doing unto others as you would they should do to you. It has taken nearly 2,000 years for the world to properly grasp and turn to practical account the democracy of Christ, which means the brotherhood of man and the fatherhood of God.

Our nations have for the past four years been pouring out the best of their blood, until practically every foot of land in Northern France and Flanders has been baptized in the best blood of all nations, and garlands of mourning have been thrown around the whole world. We must see to it then, that for this sacrifice, when our boys have returned, that they are not handed an alloy, but the sterling article. That is what they have fought for and are entitled to.

Lincoln obtained his viewpoint when in his teens. Standing in the slave market of New Orleans, penniless as he was, but with a princely heart, he was deeply touched when he saw human flesh and blood bartered at the auction block, and although this was over three decades before he entered the White House, as he left that scene he was overheard to say, "If ever I get a chance to hit that thing, by the Eternal God, I will hit it hard." This was the decision, this was the choice, of the then young deck hand on the flat-bottomed skiff on the Mississippi. Lincoln knew that slavery was incompatible with democracy.

Every nation that permits people to remain under the fetters of preventable disease, and permits social conditions to exist that make it impossible for them to be properly fed, clothed and housed, so as to maintain a high degree of resistance and physical fitness, and that endorses a wage that does not afford sufficient revenue for the home, a revenue that will make possible the development of a sound mind and body, is trampling a primary principle of democracy under its feet.

Will any of the democracies of to-day stand the test? Let us see how far our democracies measure up.

First let us examine the crowned democracy of Great Britain. It is alleged that 30,000 people in England own and control over 98 per cent. of the land and capital of that Island. Just previous to the war, it was estimated that 700,000 men in England were constantly out of work, and 800,000 were practically paupers. Of every 1,000 persons who die in old England, over 900 leave no property behind. Is this democracy? Can we see in this any claim for Freedom and Justice?

The *Manchester Guardian* recently drew attention to the fact that Great Britain, just previous to the war, boasted of 79 multi-millionaires, with 125 million dollars or more to their credit; 68 with well on to 100 millions to their credit and 45 with between 75 and 100 million dollars to their credit, and as the writer expresses it, "On the more poverty-stricken scale, with only 50 millions, there were 19", and then states that

"after this penurial zone is reached, we are quite willing to fall out of the running and let other nations have it".

In an address delivered by the Bishop of London, just three years before the war, at a Church Congress, on "The Duty of the Church To-day", when referring to the unequal distribution of wealth, and the appalling amount of poverty, and to those just living on the border line—not living, only existing—he said that if a procession could be organized of these people in old London, it would take a fortnight to get it out, and before the last couple left London, the first would be in Edinburgh. "We cannot rest, therefore," said the Bishop, "until this irregular distribution is righted. We cannot rest until there is equality of opportunity for as many as possible." And yet the government that makes these conditions possible, we have been styling a crowned democracy."

Coming Nearer Home.—We are told by students of political economy that in the United States and Canada, less than one-half of one per cent. of the people own and control nine-tenths of the entire wealth. It is estimated that this Republic possesses more than one quarter of the entire wealth of the world. And yet on this continent it is alleged that 3,000,000 children go to school either without breakfast or with improper or insufficient food for their breakfast, and at the same time we find in this country thirteen families with an annual income ranging from $2,500,000 to $60,000,000, and this is what we call democracy. In the United States and Canada over 10,000,000 people are in a state of chronic poverty, and this is apparently on the increase. There are constantly 4,000,000 paupers. Ninety-nine per cent. of the wage earners in our cities die without leaving any property, and we call this democracy. Is it not man's inhumanity to man?

If we take the Bishop of London's illustration and apply it to our countries, we would find that if it were possible to form a procession of those who are in a state of more or less daily privation, organized at Washington, it would take between three and four months to get the procession out of the city. It would reach from Washington to New Orleans, from New Orleans to San Francisco and from San Francisco to Chicago, and from Chicago back to Washington, and before half this melancholy multitude had left Washington, the first couple would have entered Chicago.

What are we doing to ameliorate these conditions? Doling out colossal sums, yea millions, yearly, as charity, and what has it done? As someone has said, "It has merely anaesthetized or benumbed the poor, lest they cry too loud". Should not the word "charity" as we use it be expunged from our language and the word "justice" substituted? These are the conditions we find in our so-called Christian nations.

As Sir Henry Drummond expressed it: "In the final reckoning, it is the Son of Man before whom the nations of the world will be gathered. It is in the presence of humanity that we shall be charged and the spectacle itself, the mere sight of it, will silently judge each one. Those will be there whom we have met and helped; there the unpitied multitude whom we neglected or despised. No other witness need be summoned. No other charge than lovelessness shall be preferred. "Be not deceived," says Drummond, "the words which all of us shall one day hear sounded are not of theology, but of life; not of church and saints, but of the hungry and the poor; not of creeds and doctrines, but of shelter and clothing; and a cup of cold water in the name of Him who has said, 'Inasmuch'." "But, thank God," said Drummond, "we are coming nearer to the world's needs, and we know better, by a hair's breadth, what real religion is, what God is, and who Christ is"—The great Exponent of Democracy, who preached practical Christianity, the brotherhood of man.

Some seem to think that Socialism is the remedy. I know of no form of Socialism that does not contain sufficient anarchy to condemn it. True democracy is Socialism purged of its anarchy and other objectionable features. If the autocracy of Germany should swing to the other extreme of anarchy, the last state of that nation would be worse than the first. The Socialisms and Bolshevisms of to-day must go into the melting pot with the so-called democracies, from which we may expect to arise the new democracy in which every man will have a chance and know that he has it.

The war has demonstrated, as never before, the value of man power, whether in war or peace. Every nation has been expecting every man to do his duty, and now that the war is over, every man will expect every nation to do its duty. He will expect a democracy that will make possible the development of a sound mind in a sound body, both for himself and his offspring, and will make for him a clear pathway for merit whatever it may be, and in which he will know that he has a chance to climb to the highest position. To this end a new democracy must arise.

The efficient solution of the social problems of our homes constitutes the very foundation of Public Health Administration, inasmuch as the efficient care and nutrition of the expectant mother and the children is governed by the revenue of the home. Health is a pre-requisite to the enjoyment of life. We do not only want life, but we want it more abundantly. As Farrand has expressed it: "To make a country really safe for democracy, we must first make it healthy." We have heard much about making the world safe for democracy, but have we a democracy that is safe for the world? This must be assured.

The brain and brawn of the people represent our organized national capital. Through the steady advance of our industrialism and the

urbanization of our people, their national worth has become more and more apparent. Consequently, in some of the more enlightened communities, the expectant mother now receives almost as much consideration as the Holstein cow and the Berkshire sow, and the infant almost as much consideration as the calf and the pig, not because they are human, not because they are made in the image of their Maker, but because of their national worth, because man power is now being recognized as the nation's greatest asset. Nations have been awakened from a national somnolence so profound that it has required millions, yea billions, of tons of explosives to arouse them.

Our National Fitness.—The fit have had to be separated from the unfit. Consequently we have been taking an inventory of our physical assets, with results that have been amazing. From fifty to seventy-five per cent. of our volunteers, draftees and conscripts have been found physically unfit for military service, and these have been, for the most part, the victims of preventable and curable diseases and physical defects.

Fifty thousand were rejected from your first draft on account of tuberculosis. These had all been engaged in active pursuits, the vast majority having no knowledge of the danger that was lurking within them. Government reports show that sixty-six per cent. of the first million volunteers for the army and navy were rejected as physically unfit. It is true that the physical requirements were high, and were subsequently relaxed, yet they were not higher than they should be to ensure the physical soundness that our people are entitled to, and that in the interests of the nations, should be maintained, whether it be for military or civil service.

In this connection, it is interesting to note that similar results are being found among the school children where a complete physical examination is made on entering the schools, inasmuch as approximately fifty per cent. are found defective and have defects of such a character as to require them to be referred to their family physician or some hospital clinic for correction.

To add to the tragedy which these examinations reveal of pre-war conditions, we find that there have been approximately seven millions of those who have been found fit, of the best man power of all nations, that have paid the extreme penalty, and probably an equal number permanently disabled.

What about the ravages of the invisible foes of the race? What about the conditions that are responsible for those that have been found unfit for active service? What about the conditions that are responsible for the physical defects in our children on entering school? According to the records of the registration areas of all the nations engaged in this war, there have been, previous to the war, over seven million six

hundred thousand people die annually from preventable diseases, or that have paid the extreme penalty in their combat with these invisible foes, and, no doubt, quite as many who have survived the contest, but have been more or less handicapped as a consequence of their struggle for life. Moreover, it must be apparent that the percentage found in the registration areas is less than the areas where there is no registration.

What are we doing to control these invisible foes?

Some effort has been made to safeguard the health of the people since pre-historic times, more particularly among the Egyptians. However, the Levitical laws, as codified by Moses, were the first organized effort to apply the principles of hygiene: district health officers were appointed in Rome in 495 B.C. The Cloaca Maxama constructed in Rome centuries before Christ, and also their aqueducts give evidence of their having recognized the necessity for sewage disposal and for the securing of their water supply from uncontaminated sources. However, it was not until 1847 A.D. that the first health officer was appointed in England. Think of this interregnum of over two thousand years.

This apparent suspension of public health activities was in a large measure due to superstition and doctrinal delusion of the Israelites, who regarded plagues and pestilence as visitations of divine wrath and this superstition has unfortunately been handed down through the centuries of the Christian era. It was this that Ruskin sarcastically referred to when he said: "Any regulations which tend to improve the health of the masses, are viewed by them as an unwarranted interference with their vested rights in inevitable disease and death".

Attend almost any church burial service to-day, and you will hear the officiating parson read from the service: "The Lord giveth and the Lord taketh away, Blessed be the name of the Lord". In the light of modern knowledge, can you conceive of anything more libellous on the Almighty? If the church is determined to retain this form, why not change it sufficiently to make it consistent, and have it read: "The Lord giveth and the Municipality taketh away, Cursed be the name of the Municipality."

As an illustration of the inconsistency of this attitude, the mortality from typhoid fever on this continent has been reduced seventy-five per cent. during the past ten years, and from tuberculosis it has been reduced practically fifty per cent. within the past twenty-five years. This means that tens of thousands fewer are dying from these diseases alone every year than would be dying if the death rate of twenty-five years ago obtained to-day, in which case according to the burial service, the Almighty would be to blame for all these deaths.

It is important to note in this very significant reduction of the general typhoid death rate in thirty-five American cities in the past ten years from 27.2 per hundred thousand to 6.7 per hundred thousand, that the

death rate varied in these thirty-five cities from 56.4 to 1.7, this latter figure being for Chicago, which is the lowest of any large city on the continent. This is a wonderful showing. Over 20,000 fewer people died from typhoid last year than would have died if the death rate of 1907 had obtained. Obviously then, we have practically bottled up in our filters, Admiral Typhosus, with his entire navy, and should one of them escape, he is promptly gassed with chlorine.

While this is only one disease, yet it demonstrates the possibilities of preventive medicine, and what can be done by an intelligent application of the knowledge we now possess. It places the blame where it belongs.

I trust that the time is not far distant when if an epidemic of typhoid fever breaks out in any municipality, that can be traced either to the water supply or the milk supply, or any other source that the municipality is responsible for, that those affected will have legal claims for damages, and that our Federal Government will indite such municipalities for manslaughter.

In view of the unqualified success of anti-typhoid vaccine, it would seem that in any municipality where the water and milk are not made at all times safe, that anti-typhoid vaccination should be imperative.

However, even if all preventable diseases were controlled, and their control will require much more intensive work than has been done in the past, we would then be doing but a fraction of the work of Public Health Administration as we now see it, inasmuch as it means the development of a fitter race, the conservation of man power. Therefore, Departments of Public Health are essentially nation building.

It was with a vision of this three-quarters of a century ago, that prompted Disraeli in the British House of Commons to say that "Public health is the foundation upon which rests the happiness of the people and the strength of the nation", and that "The first duty of a statesman is the care of the public health". Oliver Wendell Holmes once said that to produce a perfect gentleman you require to begin with his great grandparents. To produce a fitter race, we must begin with the germ plasm from which they are developed. Eugenists tell us that the moment conception takes place the door of parental gifts is closed. In other words the moment conception occurs the possibilities of eugenics ends. Obviously then, if we are going to have, and if we are going to develop a fit race, we must have a complete chain of activities. There must not be a missing link. Where eugenics ends, euthenics must begin. As Galton expressed it "Where nature ends, nurture begins", and it is only by combining both efficiently that we can hope to develop the fittest race.

While I have a profound respect for the school of Eugenics, yet we must remember that we have no say with regard to the kind of man

timber out of which our ancestors were made, but we have a say, and are responsible for, the man timber out of which our descendants will be fashioned.

Pre-Natal Care.—Every child has a right to be well born—born of parents who are physically and mentally sound. That is to say, they should develop from a germ plasm which is free from any taint that might militate against them. If our organized campaign against the still unduly high infant death rate is to be efficient, obviously it must begin just after conception has taken place. The necessity for this is apparent when we realize that more than one-third of the infants that die, in the first year, die during the first month, and from sixty to seventy per cent. of these die within the first week. Consequently, if these lives are to be saved, it must be by pre-natal care. Here the grim monster reaps his harvest, ofttimes by a dual action directed against both the mother and child. If we would save the baby, we must save and protect the baby's best friend—the mother. There is no other resort that the infant has or can appeal to comparable to the maternal instinct. With no language but a cry, the infant when in distress promptly appeals in this way, which appeal none but the mother can properly interpret.

It is a well-recognized fact that the infant nursed at the mother's breast has ten chances to one for life and efficient development that the artificially fed child has. Consequently our pre-natal care must embrace not only the efficient piloting of the mother through her pregnancy and confinement, but also we must see that, as far as can be, we make it possible for her to nurse her baby.

There is probably no greater reflection on our intelligence as a profession than the fact that, while the death rate from typhoid fever and tuberculosis on this continent has been reduced by more than half in the past twenty-five years, and there has also been a marked decrease in all other preventable diseases, yet there has been no appreciable decrease during the same time in the deaths from diseases due to pregnancy and from conditions accompanying labor. This has been shown to be largely the result of ignorance on the part of patients, and lack of efficient training on the part of the physicians, and their neglect to turn to practical account the knowledge which they possess.

Williams has pointed out the fact that in the majority of Medical Colleges in the United States, instructions in obstetrics is sadly neglected and that consequently the young graduates turned out are incapable of handling any but normal cases, and they only too often failed to intelligently apply the principles of antisepsis and asepsis in this practice.

It is almost inconceivable in the light of modern knowledge that, according to a report recently issued by the Children's Bureau at Washington, pregnancy and child-birth on this continent cause more deaths

among women between fifteen and forty-four years of age than any other disease excepting tuberculosis. Basing our calculations on the records of the registration areas of the United States and Canada, there is approximately an annual mortality of sixteen thousand eight hundred women due to child-birth, and seven thousand five hundred of these deaths are due to so-called child-bed fever. This is undoubtedly a very conservative estimate. These figures cannot be properly appreciated unless we present them in a comparative way. Let us compare them with the death rates from other preventable diseases. For instance, in 1913, the death rate from diseases due to pregnancy and confinement was 15.8 per hundred thousand population, which of course includes all ages and both sexes, and the death rate from puerperal septicemia or child-bed fever was 7.2. In the same year the typhoid death rate was 17.9 per hundred thousand and the death rate from diphtheria and croup 18.8. In the light of modern knowledge of the principles of antiseptic surgery and its application to obstetrical practice, it is nothing short of criminal that such a high death rate should continue.

With efficient pre-natal care, the mother can be guided not only in regard to the necessary precautions to be observed regarding proper nutrition, clothing, exercise, and also she can have pointed out to her the danger signals as regards complications; she can be advised to consult a physician early to obtain examination, and examination again about the seventh month, to determine whether or not any abnormal conditions exist that might militate against her at full time of gestation, to submit samples frequently for testing the activities of the kidneys.

The fact that the infant depends entirely on the mother's blood for nutrition makes it all the more imperative that the blood be kept in the best possible condition, which can only be accomplished by the efficient safe-guarding of the mother's health, in piloting her through her pregnancy. The extreme importance of her nursing her infant should be emphasized. Where efficient pre-natal care has been established, there has been a marked increase in the number of mothers nursing their babies, and the infant mortality during the first month has been reduced more than fifty per cent.

Obviously then, pre-natal care will not only secure a better and more vigorous race of infants, to start life with, but will also tend to improve obstetrical service and thereby save the lives of many mothers that are unnecessarily sacrificed at present.

Furthermore, pre-natal care affords a starting point for the nurse to educate the mother in the intelligent care and feeding of her baby when it arrives. The mothers are instructed in their homes in regard to the care of the infant after its arrival. They are required to bring their infants as soon as they are old enough, to the Well-baby Clinics, which are established in the various districts of our cities, where the babies are

examined by physicians specializing in the care and feeding of infants assisted by Public Health nurses. They are weighed and measured, in order to determine whether or not their development is normal. Any physical defects are recognized and instructions are given regarding their correction.

The next link in this chain of Public Health activities, is the care and supervision of the child in the pre-school age. Probably the most valuable result of Medical Inspection of Schools has been the revelation of the fact that a large percentage of the children on entering the public schools are suffering from physical defects. This has been demonstrated in all cities where the Medical Service in the schools requires the complete physical examination of every child on entering school. Experience has taught that a large number of children, healthy in all respects at birth, become, within five years, physically defective. Municipalities, through their Boards of Education and Departments of Health, are required, at no small cost, to restore these children as far as possible to their original state.

Sir Geo. Newman, in a recent report, has drawn attention to the efforts on the part of educationalists towards a higher standard of physical development, and in this connection he emphasizes the great importance of the early supervision of the homes. By this means, many conditions that are irreparable by the time the child reaches school, could be prevented. While much has been done, as regards pre-natal care and the care of the new-born infant and in medical inspection of school children, little or no organized effort has been made toward the supervision of the child in the intervening age. Hence, a most important field of social and biological study for the most part has been overlooked.

Pre-school Age.—When one considers the plastic character of life at ages say between one and six years, one readily realizes the importance of the efficient supervision during this period. Fortunately this has been recognized by some administrators of public health, who, by organized effort, have stepped into the breach and forged the missing link and welded it into the chain.

The pre-natal care of the child can be satisfactorily linked up with the care of the infant, through the organization of Well-baby Clinics, also in the various Day Nurseries and other institutions where children are kept during the pre-school age.

The fact that on a complete examination approximately fifty per cent. of all children on entering school show signs of some physical defects, exclusive of those of the teeth, sufficiently important to require medical care, points to the absolute necessity of careful supervision during this period of the child's development.

Before the child leaves school, he again undergoes a complete physical examination, which serves a double purpose; first, it serves as a guide to

the child in regard to any physical weaknesses that he may have, in order that he may endeavour by all possible means to reinforce these weaknesses. Also it helps him to determine the vocation in life for which he is best suited.

Industrial Hygiene.—The next link in the activities, is that of a well-organized Division of Industrial Hygiene. This has been another lamentably neglected branch of preventive medicine. Industrial diseases are for the most part preventable. Industrial Hygiene is a part and parcel of community hygiene. Obviously, therefore, it must come under the *regime* of Departments of Public Health and Local Boards of Health in all municipalities. We have safeguarded the child from conception until it enters the industrial world. Why should we discontinue then? We must follow on and see that the industries in which he may engage are so conducted as not to be prejudicial to his health.

When we refer to industrial hygiene and industrial diseases, we embrace, first, the results of the general unsanitary conditions of factories, work shops, work houses, warehouses, badly lighted, over-heated, improperly ventilated, ofttimes with dust-laden atmosphere. The ill effects of fatigue are also taken into consideration. All of which tend to lower the vitality and thereby lower the resisting powers of the body, rendering the individual in many respects more susceptible to diseases to which he may be daily exposed, consequent upon the close contact with probably one suffering from a mild attack of tuberculosis or one convalescing from some communicable disease, who is still a chronic carrier. Furthermore, such environments, if tolerated, only hasten on the fatal issue to those unfortunates who are already the victims of the aforesaid disease, and who, through ignorance of their condition, or the danger of their environment, are through dint of circumstances compelled to face the inevitable.

Then, of course, we have added to this, the morbid conditions consequent upon the occupation or trade, giving rise to specific diseases, such as lead poisoning, phosphorus poisoning, arsenical poisoning, mercurial poisoning, brass poisoning, and poisoning from the fumes of mercurial acids and wood alcohol, and so forth.

Departments of health will find that employers of labour when once educated as to the importance of action along these lines, wil readily co-operate. Employers of labour in Toronto have spent tens of thousands of dollars on installing the necessary equipment for the control of trade dusts, and the more efficient ventilation of their industries, knowing as they do, that improper ventilation, with the employees exposed to inhaling trade dust, can easily cut down ten per cent. of efficiency of all their employees, to say nothing of the loss of time through sickness. No employer of labour can afford to pay ten out of every one hundred of his employees for doing nothing, and that is what only ninety per cent.

efficiency really means. Sir Thomas Olliver says that industrial diseases cost this continent over $779,000,000 annually.

Then we must consider the degenerative diseases of middle life, premature diseases of the heart and arteries, kidneys, and liver, and cancer to which thousands of lives are sacrificed annually, a large percentage of which could be saved if the diseases were recognized early, by preference in the pre-cancer stage and promptly operated upon.

Then we have the neglect of the mental condition of our children and of our adults. Mental Hygiene also is essentially a part of the general community hygiene, for when we use the term hygiene we should use it in the broadest sense, as being synonymous with health. The maintaining of the mind in a healthy condition is surely as important as the maintaining of the body in a healthy condition, and is as deserving of guidance.

Obviously then, linked up with our public health service should be a division of psychiatry or mental hygiene.

Education.—At last, and yet the most important of all activities, of a Department of Health, is education, inasmuch as probably ninety per cent. of the permanent efficiency of Public Health Administration depends on the efficiency of our educational campaigns.

We must in the first place educate the future governors, the future legislators of our community, the future parents of our country, the medical profession, the nursing profession, the clergy, and the legal profession. For the generation to come there is only one efficient way and that is to begin in our schools. Make instructions in Hygiene and Public Health an organized part of the curriculum of every public school, high school, and college.

While we can accomplish much by our public health bulletin, newspaper talks, public addresses, health leaflets, etc., yet we must bear in mind that there are thousands in all of our cities that cannot read, there are thousands of those who can read that do not read, and there are thousands of those who do read that do not think. We are confronted by the lamentable fact that the knowledge essential for our people to be in possession of, as regards disease-producing germs and the ways and means by which they gain access to the body, has been kept for the most part in past years within the precincts of universities and laboratories. This, to be of practical value, must be democratized. It must be translated into a language that will be understood by the man on the street and by the housewife in the humblest home. This can be most efficiently done through the medium of the Public Health nurse, who meets the parents with their children in the Well-baby Clinics, in the Hospital Clinics, in the Tuberculosis Clinics and in the public schools, and visits thousands of homes in our cities every day. In her conversation with the mother in the homes, she can establish the point of contact

and can make these facts so plain "that the wayfaring man or woman, though a fool, need not err therein".

We are sometimes afraid of repeating things too frequently, but anyone who has had any experience along educational lines, must have been fully impressed with the importance of repeating and repeating a number of times, over and over again. This has been the experience all down through the ages. Occasionally we have had outstanding illustrations of this. When Cobden was endeavouring to have the Corn Laws repealed in Great Britain, after repeated efforts, in a spirit of indignation he said that he had come to the conclusion that the only way to get anything through the heads of the British people was to repeat it over and over again, in just a little different language. A few years ago when the subject of education was under consideration at the New York Academy of Medicine, Professor Sir Wm. Osler said that in his judgment the secret of education was reiteration, reiteration, reiteration, to which one of his colleagues added, "without irritation". As I have quoted Cobden and Osler before, you see I am consistent in recommending reiteration. It is certainly an enviable accomplishment to be able to reiterate sufficiently often to leave a permanent impression on the brains of our fellow-citizens without causing irritation.

While the foregoing represent the activities of a well organized Department of Health, there are probably not a half-dozen cities so organized on this continent. We will never obtain the results that our people are entitled to, and that the principles of true democracy dictate, until this kind of organization is in operation in every municipality.

Every citizen on this continent is entitled to this protection and guidance and they are not having justice without it.

It must be apparent then that if this is going to be accomplished, if our activities are to reach into every state and municipality on the continent, all powers and authority for governing this work must be centralized. The greatest determining factor in our winning the war was, by general consent, the appointment of a Generalissimo. What every nation requires in its Public Health Administration, in its organized battle against the invisible foes of the race, is a Foch. We require the centralization of authority. Whether that be a Public Health Service, a Local Government Board, a Department of Health, a Ministry of Health or a Secretary of Health, it matters little, but all authority must be centralized under one department, if we are going to have efficient results. After all these years of warfare against these invisible foes, we have little to boast of beyond a pitched battle.

In the foregoing I have endeavoured to point out the principal rocks and shoals upon which administrators of public health are required to place the beacon lights to guard our people from a mental, moral and physical shipwreck.

The Medical Profession as a Public Service for Health

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In all the ferment of ideas brought about by the war, there is nothing, except it is an International Peace Conference, which bears more directly upon the welfare of mankind, than questions dealing with the utilization to the highest degree possible of the scientific knowledge, which is the peculiar possession of the medical profession. We have only to recall how the lack of knowledge in the exact sciences for two thousand years, made possible absurd beliefs, in relation to the origin and development, not only of man, but also of plants and animals, which after the time of Darwin, Wallace, and others of that constellation of scientific workers as Tyndall, Huxley, Pasteur, and Lister, made free the highways for the passing of scientific workers, even though the roads were sometimes rough and a toll had to be paid.

Some of us have lived long enough to recall the attacks upon the teachings of Pasteur and the cynical doubts cast upon the methods of Lister, even as late as 1880, and are in a position to measure in some degree the progress in medical science since then. But it would be foolish not to recognize that in the profession, as in international politics, individualism in thought and a lack of co-ordinated action have been direct hindrances to common action for the advancement of civilization and the social benefit of humanity. Last July Sir Bertrand Dawson, Physician-in-Ordinary to the King, set forth in the Cavendish Lectures his views on the Nation's Welfare by outlining a plan for co-ordinating all the public and private institutions engaged in caring for the lives of the British people, which created intense interest and aroused much serious discussion. At a meeting of medical women in London recently, the situation of the profession was discussed and Dr. Jane Walker spoke of the difficulties of private practice, of the insanitary homes, of the poor, remuneration for work done, of the difficulty of making an adequate number of visits in many cases of illness, and of the powerlessness of physicians to cope with the housing evils, resulting in insanitation and over-crowding.

Remarks were further made regarding the inroads on private practice through State treatment of tuberculosis and of venereal

diseases, and through the work being done by child welfare and maternity clinics; while it was pointed out how any organized team work of specialists became of little use except for the rich.

Sir Bertrand Dawson in his lecture, set out by postulating three main points:—(1) That much disease is preventable; (2) That there is a growing sense that health is of supreme interest to the State; and (3) That the best means for preserving health and curing disease should be available for every citizezn, by right and not by favour; and ventures to think that this last will be an article of faith of every political party.

It will be conceded by every true Canadian that Sir Bertrand's postulates are unassailable, and hence it seems only necessary to outline what seems to be some practical scheme for consideration which will be applicable to conditions in Canada.

As Ontario is the most populous and highly developed Province in social legislation, it is worth while trying to find what existing conditions are there and what new methods are applicable. The Annual Report for 1915, informs us that there were 91 public hospitals, 68 private hospitals and 108 Homes and Refuges distributed throughout the Province in some 70 municipalities. In the public hospitals there were treated 85,759 persons, but no record exists of those treated in the 68 private hospitals. There were 6,206 inmates of refuges, 4,850 of orphanages, and some 2,000 in County Houses of Industry. In addition to these institutions, there are some 800 Local Boards of Health, and many of them control contagious disease hospitals. On the basis of the City of Ottawa hospitals some 12,233 contagious disease cases were officially dealt with in these hospitals throughout the Province.

Apart from those treated in contagious disease hospitals, there were roughly, 100,000 persons, or one in every 27 of the population in the several classes of institutions, which received government aid. Perhaps a more correct idea is gained of the cost of disease when it is stated that the 2,087 patients in the eleven sanatorias cost $478,598.22, of which the Province paid $123,229.30.

No figures have been collected to show the cost of contagious diseases to the people; but, perhaps, some idea may be gained from the figures of a single city. Thus in Ottawa, with 100,000 population, 453 persons were admitted to the isolation hospital, with an aggregate of 9,088 hospital days. At $1.50 per day the cost would be $13,632.00, and if it be assumed that a similar prevalence and cost existed throughout the Province, there would have been in Ontario 12,235 cases treated in hospitals, with a cost of $438,064.00

for maintenance alone, to the municipalities. To these hospital figures must be added the cost of invalidity benefits, paid by Mutual Insurance Companies, amounting to $1,136,669.80 for 11.5 days' sickness for a total membership of 135,372.

The above figures give a fairly comprehensive illustration of how to-day very large amounts of public and private funds are being spent, often with very indifferent results, for the benefit of a very small number, indeed, of the people at large. If the Friendly Societies' Reports be accepted as a standard, then it means that each of the 2,700,000 population of Ontario would be sick 11.5 days, of whom, adopting the results of a New York district survey, 79 per cent. were under medical treatment. This would mean, if there were 2,000 physicians in Ontario, that each one would make, every day in the year, 35 visits, which at $1.00 per visit amounts to $24,840,000.00 for medical services alone. It may be that this amount is not far from the fact; but as regards cost it is obvious that over $12,000.00 for each of two thousand physicians is greatly in excess of the average receipts of each. What is more to the purpose, however, is that the official returns of the Friendly Societies give as the cost of medical attendance upon 135,372 members, each of which had 11.5 days of sickness, a total sum of only $96,-624.34, or 16 cents per diem, assuming that each sick person received 11.5 days' treatment.

It does then seem as if Sir Bertrand Dawson's scheme, or some similar one must eventually be adopted in the interests, both of the people, of the profession, and of science. Sir Bertrand's scheme in a word would link up all our hospitals, charities and public health services into a great scheme under general government and municipal control, with special hospitals and clinics, and all the machinery incident to the public health service completely co-ordinated. Every physician would be attached to some hospital, and so obtain all the advantages of means for exact and early diagnosis, and be paid in part out of public funds for work, as is now done under the Sickness Insurance Act in England. Young graduates would be all-time men in hospitals for five years, paid reasonable salaries, and there be trained over such a period that all the advantages gained from special training would inure to the advantage of all.

The vision is from the scientific and social standpoint a pleasing one, and both the public and the medical profession may well welcome such an advance in the evolution of the social organism as must prove of the greatest benefit to the individual, an enormous saving of effective energy due to a healthy population, and the greatest of all guarantees of a national prosperity.

The Social Background.

The Social Welfare Congress

Toronto, January 16th, 1919.

AFTERNOON SESSION
—AND—
EVENING SESSION.

ADDRESSES BY:—
TOM MOORE, ESQ.
H. C. GOOD, ESQ.
DR. SAMUEL ZANE BATTEN

RECONSTRUCTION IN INDUSTRIAL LIFE.

TOM MOORE
President, Trades and Labour Congress

A REPRESENTATIVE from one of the newspapers waited upon me and asked me whether I could give him any outline as to what I was going to speak about this afternoon. I told him that if he knew that, he knew more than I knew myself, because I had absolutely no idea. I want to say that I came into this hall with a perfectly free and open mind as to what I may say, simply feeling that the subject matter that I might have in mind would be similar to your own, that is, how the greatest degree of human happiness can be brought in this period to each and every individual citizen of this country, whether he be rich or poor.

I have just come from a luncheon convened by the Salvation Army, where I have spoken to many of the captains of industry in this city, relative to that particular campaign. I mention this here, because I was proud to have the opportunity of talking to a meeting of that kind. In that meeting were representatives of all the social phases of our community; there were representatives of all classes of life, and it showed to me that the spirit of co-operation, which existed during the war period, is still possible of existence

in the period which we are facing. With a spirit of co-operation we have got to meet the problems of the future, and those problems are none the less small because they are in the future.

Some of the problems are already with us. We see on all sides the spread of unrest; some people may turn parts into a revolution; we certainly desire a very rapid evolution in some sections of the community. When we see these things we have naturally got to ask ourselves, What is the reason that such exists? How is it that people who are looked upon as good respectable citizens, make statements to-day which some people look upon with species of horror?

I am not going to take this opportunity of criticizing the speaker who went before me. I have had the pleasure of meeting Mr. Parsons on more than one occasion, and I want to say that the greatest of friendship exists between us, not only personally, but between the two organizations, which he and I, respectively, represent. The only trouble which exists is this, that each one looks at life from his own viewpoint, according to the environment in which he has been brought up, and in listening to Mr. Parsons this afternoon, I noticed that, like myself, he was unable to drag himself away entirely from the environment where he exists, and the solutions of the problems were dealt with upon the prosperity of the particular section which he himself represented. I say this with all good feelings, knowing how difficult it is to divorce our particular viewpoint from the problems of life. Therefore, if in my expressions I show myself somewhat prejudiced in favor of the workers, you must understand that my life has been spent amongst them; that I have seen their troubles and privations, and I know some of the dread with which some of them are looking forward, not to the years to come, but the days to come. It is useless for us to gloss over the situation, and to say they have had good wages in the past. It is useless for us to gloss over the situation by saying that in the days to come preparations are being made whereby they will be given an opportunity to be usefully employed. They know that the opportunity does not exist to-day. They know that the necessity for existence is the same with them as it was in the years 1914, 1915, 1916, and 1917.

Our Government thought fit, during the war period, to declare it a crime to be unemployed; it was punishable by imprisonment to be found walking the street without useful employment, and to what purpose was that employment to be performed? For the purpose of destruction—necessary destruction, I admit; destruction

which we could not avoid if we were to purify the world of autocracy and Kaiserism. Therefore, I do not want my criticism of the method of employment to be misconstrued. I admire the spirit of sacrifice which carried the war through to a successful conclusion. I realize and appreciate the necessity of the war being carried on, and I realize that the class which I represent, were, perhaps, more fully represented than any other class, and made possible the final outcome of victory in the great struggle which we have just passed through.

At the same time, if it is possible that society can be so constructed that during periods of that description, every man can be usefully employed, then how are you going to convince the masses of people it is impossible that they should be usefully employed in times of peace? What argument can you adduce to tell a man it is necessary he should walk the streets because some factory door is not open? to tell him he should cease to feed his children? and that his wife should have none of the comforts with which she has been surrounded during the period of war, if he has been well employed? I tell you there is no argument. The workers of to-day do not desire charity; they never have wanted charity; they want sympathetic co-operation towards achieving the ideals which they themselves have struggled for during the generations which have passed.

We are here enjoying our liberties because of the unrest of the mass of the people who have gone before us, because of their insistence on rights of free speech, however, unorthodox their speech may have been. I am not going to repeat the statement of Peter Wright last night, where he drew attention to some of the great performances of the past, where men were killed for their democratic ideas, and when we are demanding the same of the great revolutionary spirits to-day, we had better be careful, because, perhaps, we simply have not yet gone as far in our ideals as those particular people. I do not know that their doctrines are right, but I want to be big enough to give any individual the same right of expression, which I myself possess.

At the same time we must recognize that there is a dividing line between liberty and license. The liberty of the individual must be curtailed when it interferes with the liberty of the masses, but in that the greatest toleration must exist, and it is unfortunate at this particular time, when toleration should be exercised, that the minority of the people to-day have set upon themselves the task that they are correct, and the repressive measures should be put

into force against not only the written words, but as far as possible the thoughts of those who may be in defiance of themselves. No possible machinery has ever been created in the world which hinders the forces of progress; if they are wrong, give them publicity and analysis, and we will soon find out.

I have confidence in the human race; I have confidence that the same judgment of what is right and wrong still exists in the great mass of the people which God created, without having it justified by the minority of any section of the country. I realize this fact platitudes; it would be easy for me to say a number of things that in speaking to-day, it would be easy for me to utter a lot of which would be pleasant to listen to, and pleasant to read, but I deem it necessary at this particular time, in fact, at all times, that men and women should speak their minds, should say frankly what they believe, and should say it boldly and without fear and be men amongst men. Therefore, I prefer to take the little time at my disposal to speak to you candidly and openly regarding facts as they exist at this particular time.

Having perhaps transgressed a little in that particular direction, you may say, In what way are the organized labor forces in this country doing anything towards alleviating conditions which exist? It is all right for us to speak in general terms that certain things should prevail; it is all right for us to say that we should have better conditions, but unless we can get down to a constructive basis and can show there is something greater than just mere phrases, we fail in our mission in life, and if the labor people have nothing more to put before the people at this time than to say that the world should be better than it is, then we are useless so far as the betterment of conditions is concerned. But if we look back at history, we will find that the labor forces have not failed in the past to do their duty in putting forth constructive measures. It is true that many times they have gone a little ahead of their time, but it is practically true of all the great reforms, which have sooner or later been incorporated in the laws of the country, that they have had their birth in the minds of the workers themselves.

Look at some of the things which do exist. Take the Hydro-Electric proposition and public ownership, and you will find that the labor forces were in the field as early as any with the suggestion that capital could be owned by the Government as well as by the individual. They have proven that, and if we are to have anything like social contentment in this country, Government ownership must go farther than that.

We fail to see why the worker should be told that there is no employment for him while many of the resources of this country are tied up because it is profitable to some individual that they should be held until a time when a greater remuneration would be derived. We fail to see why many of the public works should be withheld, simply because the gambling possibility is that in the near future prices may be a little lower, and therefore the tax required to pay for the maintenance of those public utilities will be a little lower for the classes that have to pay the taxes. If private capital will not launch out, if private capital will not assume its duty to provide work for those who are desirious of working. I want to say that it is an old acknowledged fact that there is only a very narrow line between the man who is refused work and the man who ultimately refuses to work. It is not hard for the man who is made a loafer to become an actual loafer in the years to come. Then you must give an opportunity of work to all honest workers—and they are the majority, by a long way. And I will tell you that the workers, as a whole, desire to work for their living; and if private capital fails in its opportunities, if it fails by any measure—whatever the reason may be—then the people as a whole must step in and provide that right, to work for the men and women who are desirous of working.

I was very interested to read in that particular respect, that in the little country of Switzerland they have managed to pass a law whereby no employer shall be allowed to lay off any section of his workers for lack of work or economic changes, until he has reduced the number of hours for all those in his employ. If it is reduced 10 per cent. of the number of hours which he at present employs his workers, then the worker suffers the loss; if it is reduced beyond that amount, then compensation must be paid to the worker for the loss of time. Who contributes this fund? Not the employer himself, but the Federal Government contributes one-third. The Canton, which is the Province here, contributes one-third, and the industry contributes one-third. We have made the mistake of saying that the employer contributes it, but all such contributions are placed as an operating fund by the employer and charged up accordingly. Therefore, I prefer to say that the industry, as a whole, contributes the remaining third.

I do not say at this time, without an investigation, that it would be practical to put that in operation in Canada, but I do want to say to you that it would be possible to considerably reduce the number of hours that the average factory employee in this country

is worked at the present time. We have too many factories working on the ten-hour work-day, and that injustice to the working class of this country ought to be removed.

You may not know it, but there are 1,250,000 workers on the North American continent enjoying the eight-hour working day. The United Brotherhood, during 31 years of existence, have accomplished the reduction of working hours to an eight-hour day and 44-hour week for 286,000 workers, and other organizations have been striving to that end. The greatest authorities of our time tell us that the maximum production of any worker is reached at the end of eight hours, or 44 hours per week, and yet we find that there are too many employers in this country still going on with their long working day, and there are some employers who have actually laid off men, and increased the length of the working day at this particular time in the history of our industrial life. Therefore, although the Swiss scheme may not be practical, there is a way open by the reduction down to a reasonable number of hours. I do not want to say the eight-hour day is the ultimate desire of the worker, but I want to say, with the introduction of the eight-hour day, almost 10 per cent. of the present unemployment of this country could be absorbed, and yet nothing is being done.

Then coming along from that standard of the working day, let us see what it means to the social life of the community. I do not know how many there may be present in this room who have attempted to work ten hours a day—not in an office—but in a factory, from one year's end to another, and year after year within its confines. Do you realize what that means to the woman at home? She has got to be up early in the morning, and when her husband returns in the evening, at six or half past, or seven, she has the supper to serve and the dishes to wash, and by that time where are the children? They are sent to bed. The father sits with his wife, too tired to discuss anything; too tired to bother what happens to his children at school, too tired for anything except that he must go to bed for the purpose of rest that he may be in condition to hold his job the next day. That is what the ten-hour day means. When we get down to the eight-hour day, we have a little opportunity when a man may spend a little time with nature in his backyard. It was almost amusing, and yet tragic to hear the appeals for men to grow things in their own backyards, men who were working ten or eleven hours a day. How are we to face the conditions of the future or take any interest in social welfare, if the working day must not be judged by the ability of the man to stand it, and whether the working day is in the interest of production.

With the speeding up of machines, with the substitution of human power by machine power, with the growing education of the nations to whom we used to sell, they are becoming the producers themselves. Years ago, we used to send Japan ships and machinery; to-day they are building them themselves. If we continue working the same number of hours, if we continue using our high pressure machinery, it means either that the workers must considerably increase their purchasing power, which means higher wages, which means broadening the markets and buying more than is necessary, and when that limit is reached it means this: That you have produced more than you could actually consume in this world, and when you have done that, what occurs? We all know only too well. The employer says: "I have no longer a market, therefore I can no longer employ you." And the worker says: "I am no longer employed, therefore I can no longer purchase," and the merchant tells the man, "I can no longer order," and instead of shortening the hours, we launch hundreds of workers into idleness, until the starving forces open the doors of the factory once more.

I see Lord Leaver, one of the largest employers in the world, says that six hours work is sufficient to produce at a profit all that is necessary in this life.

When we get the shorter working day and the shorter working week, give a man in addition to Sunday, when he should and ought to attend to spiritual matters, give him an opportunity of another day, whereby he can go out into the country and see some of the creations of Nature; whereby he can broaden his mind between the narrow channel of home and factory, and if you give him that opportunity, you are making him a better citizen.

The prosperity of the country does not rest with the wealth of the few and the ignorance of the many. It rests with the happiness and the education of all, whether they be rich or whether they be poor. (Applause.) The universities of our country must be open to the humblest boy; it must be made possible that the worker shall have leisure to become conversant with the conditions of to-day. Therefore, when laboring forces ask for the shorter work day, they do it because they believe the creations of the mind of the people, the inventions of machinery, were not meant for the extra accumulation of profits, were not meant to bring disaster to them, but were meant to bring a more even life, greater opportunities, and greater pleasure for themselves and for their families.

This is, perhaps, a little in the future. We find in the factories of Montreal that there are some 2,500 women working, and

their children have to be taken care of by charity. We are asking to-day that pensions be given to mothers. In 1912 in Guelph, Mrs. Rose Henderson, of Montreal, introduced this particular subject, and I want to say that those whom she asked were shocked, because it seemed so much in the future, and she explained to the gathering of Trades and Labor Congress in Guelph, what she had found of the conditions in connection with her work as Probation Officer in the Civil Courts of Montreal. The labor movement started from that day forward with an active campaign in that regard, and I feel proud to say that almost all the social forces of to-day are advocating that the mothers should be pensioned from the revenue of this country.

We can see that if these mothers were given an opportunity of staying home with their children and bringing them up with a mother's care, that would take out of these factories in Montreal, as competitors with the bread winners, over 2,500 women, and in other cities such action would eliminate some of the competition which to-day exists.

There has been a tendency in the past to have too much competition. I was in hopes that the war had shown the manufacturer as well as the worker that co-operation was far preferable to competition. I was in hope that the old world-wide policy of going after each other and seeing how they could grab a market from one another, would be eliminated; that the forces of the world would get together in some manner whereby you could find out what is actually consumed, and produce accordingly. I am not yet pessimist to the point where I think it cannot be done, but we must go courageously forward, just as those boys went courageously forward to what they looked on as ultimate destruction—as Captain Carpenter told us about the men who went to the Zeebrugge Blockade, and yet came away alive.

I say you must take the chance of destruction on purpose to get construction. We must get rid of the old way of looking at things, and assuming this may lead to disaster and the other may lead to disaster, and assuming that we cannot live unless we do this, and the other, because we did it in the past. That will get us nowhere except to the brink of revolution, and the disaster which we are all trying to eliminate.

If you will go around and see some of the men who are unemployed, they will tell you that men who do not desire to do anything but what is prescribed by the law, are to-day being brought nearer to the verge of destruction and are being brought nearer to the

point where they are ready to steal on purpose that their families shall have food. From this epidemic of influenza that spread over the country, when it was in the height of prosperity, what did you find in the homes of many of the people in these large cities? I have heard many state what they found, and I venture to say there are plenty here who undertook the noble work of alleviating disaster and suffering in the workers' homes who found out that some of the things which I am telling you are not all theory, but actually exist, even during times of so-called prosperity in our Canadian life.

In conclusion, I want to say this, that there are so many things to which we are looking forward. We want to see the worker given shorter hours so that he can develop. We want free education and free text books. We want government by the people, and not by Order-in-Council. (Applause.) We want also the right of the mother to look after her own children. We want all these things, and why? Not from any selfish motive; it is not that we want personal aggrandizement; it is simply that the great foundation underlying it all is this: that the prosperity of a country must not be judged by the turn-over of the banks or the percentage which any manufacturing institutions pass; it must not be judged by the number of automobiles on its streets—as I saw a circular issued from Detroit. These things are not the prosperity of a country, but a prosperous country is one where the people from all corners of the earth desire to come, not because of its attractive posters, but because they know the people living in that country are enjoying the best of life, the greatest of opportunities, and the privilege of recreation with nature, and they feel they do not wish to leave it for any other country in the world. When you get that, you get down to the foundation of patriotism—everybody in the country given equal opportunities, given health and happiness and some of the sunshine which God Himself created.

Reconstruction in Industrial Life

ADDRESS BY H. C. GOOD, FARMER.

THE past century has been one of unparalelled human achievement, but its dominant civilization has, in all essential and primary respects, failed. In spite of the rapid spread of professed religion, and the development of those means of travel and communication which might naturally be supposed to cultivate

friendly relations between neighboring peoples, the century has ended with the most destructive and most tragic war of all history, wherein millions of the best and strongest of humanity have been slaughtered by their fellowmen. In spite of the amazing increase in man's productive power, brought about by the development of applied science, millions more, chiefly women and innocent children, have literally starved to death. And in spite of the wonderful progress in sanitation, hygiene and medicine, disease and pestilence —"The sword of the destroying angel"—have also slain their millions. All the larger warring nations emerge from the wreckage with their manhood slain, their productive capital wasted away and their institutions either broken down or strained to the utmost. The war is over—in a sense—but the starvation, anarchy and bankruptcy which have fallen like an avalanche upon Europe contain untold possibilities for evil; for enduring peace can come only with good will, and of the latter there is little enough to meet the crisis. Knowledge has come without wisdom and the material bankruptcy that now looms imminent is but a symptom of the moral bankruptcy which has made 19th century civilization, in many respects, an imposing and ostentatious mockery. Hundreds of years ago we were enjoined by Him whom we regard as the Highest and Best to "seek first the Kingdom of God and His Righteousness and all these things (material blessings) would be added." And we were further told that "Everyone therefore which heareth these words of Mine, and doeth them, shall be likened unto a wise man which built his house upon the rock; and the rain descended, and the floods came, and the winds blew, and beat upon that house; and it fell not; for it was founded upon a rock. And everyone that heareth these words of Mine, and doeth them not, shall be likened unto to a foolish man, which built his house upon the sand; and the rain descended, and the floods came, and the winds blew, and smote upon that house; and it fell; and great was the fall thereof."

We have built upon the sand, have we not? When the rain descended and the floods came and the winds blew our house fell; "and great was the fall thereof." Hence is it that *Reconstruction* is now our theme and duty. Shall we not, then, aim to be like him who built upon the rock,—the rock of Righteousness, for there is no other foundation of an enduring social or industrial life. It is only upon justice that we can safely rebuild. It is folly to temporize, or to compromise with the powers of evil. Our allegiance to Right must be clearcut and complete. "What doth the Lord require of thee but to do justly, and to love mercy, and to walk

humbly with thy God." This, friends, is the key to Reconstruction, —the only foundation on which an enduring civilization can be built.

I wish secondly to direct your attention, very briefly, to the two great forces of *competition* and *co-operation,* which have acted and reacted upon one another throughout human history. Henry Drummond in his "Ascent of Man," has dealt lucidly with them under the names of *Egoism* and *Altruism,* and I commend that work as one of unusual significance to the student of history. Altruism is not peculiar to mankind alone, but is distinctive of all which is properly called human. Co-operation is divinely constructive; competition is destructive; and the latter is useful only in weeding out inferior types of the former. Co-operation is intrinsically higher, better and more powerful; unquestionably it is destined to survive. Naturalists have often drawn attention to the lion as typifying egoism and competition, whereas the antelope, which has multiplied amazingly in the face of constant leonine attacks, typifies altruism and co-operation. Weak and helpless individually, the latter is yet relatively strong and safe through co-operation. Similarly in the sphere of human affairs we have seen the co-operative industrial society supplant the individual competitive trader because of the economics that are inherent in the co-operative method. And have we not just witnessed a most wonderful example of the strength of co-operation, in the manner in which the Allies have won the war!

Now the question arises as to whether we shall attempt reconstruction in industrial life along competitive lines or whether we shall definitely, courageously and persistently adopt the higher, better, more divine method of co-operation, and take as our business motto not "Every man for himself" but rather "Each for all and all for each."

In the third place permit me to express briefly my personal conviction that Democracy, for which this great war has been ostensibly fought, is divinely ordained, and destined to supplant and survive all other forms of Government. I do not, of course, believe that vox populi is always vox dei; but I do believe that democracy is the only vital system of Government; that is only contains within itself the seeds of growth and progress; and that with all its admitted weaknesses it is yet the only thing ultimately worth while in the relation of the individual to the State. A child must creep before it can walk, and walk before it can run. So the art of self-government, the only conceivably just system where citizens have equal rights, is acquired only by trial and experiment. I believe,

therefore, without further amplifying the argument, that democracy has been vindicated by history and that it is as intrinsically superior to other forms of Government as co-operation is superior to competition.

Reconstruction, therefore, must be based upon co-operation and democracy, both working out the divine law of justice. "Equal opportunities for all, special privileges for none," and "Do unto others as ye would they should do unto you."

Permit me now to make application of the foregoing principles to two great concrete industrial problems, that confront us, and if I seem to go far afield, bear in mind that we Canadians have few problems that are not connected with similar problems elsewhere.

The first problem that I wish to mention is the relationship between so-called Labor and Capital, or, more broadly, the threatened war of industrial classes. Who would have believed, five years ago, that such an avalanche of bloodshed, devastation and famine could have suddenly descended upon the earth? Nevertheless, the Satanic powder was there, ready for the match to be touched to it, and some fool set it off. A spurious and un-Christian nationalism bore its natural fruit. So it may be now, that the world is, so to speak, skating over thin ice in the sphere of industrial relations, and that the war of nations which has raged during the last four years is but a prelude to an industrial war, whose consequences may be terrible and far-reaching. A few months ago Mr. W. L. MacKenzie King, who has made an exhaustive study of industrial relations, stated that we were sitting on the edge of a volcano; and indeed, recent events in Europe prove the accuracy of his forecast. Canadian conditions are, perhaps, more like those in the United States than elsewhere, and it will be interesting, therefore, if I refer to the report of the Commission on Industrial Relations, appointed by the President of the United States, in 1912, whose final report was issued in 1915. This commission, after an extended investigation, finds four main sources of dangerous industrial unrest:

1. Unjust distribution of wealth and income.
2. Unemployment and denial of an opportunity to earn a living.
3. Denial of justice in the creation, in the adjudication and in the administration of law.
4. Denial of the right and opportunity to form effective organizations.

I do not propose here to go into the details of this report, a volume of over 400 pages, which will repay the most careful study.

But I do desire to emphasize as much as I can the nature of the causes which the investigation discovered. They can be briefly classed under one heading: *Social Injustice;* and I submit that Reconstruction in Industrial life will be impossible on such a basis. As is said, no question is settled until it is settled right, and we might as well face the situation boldly. Just now Europe is seething with anarchy, and we are not free in this country from the spirit of lawlessness—in high places, as well as in low. This condition and this menace is as much a result of industrial exploitation as of anything. Even the iilterate Russian peasant is dimly conscious that there is something radically wrong when he sees idleness living in ostentatious luxury, while his long hours of slavish toil bring but a pittance—scarcely enough to keep body and soul together. Read of social conditions in France during the 18th century, so vividly portrayed by Dickens in his "Tale of Two Cities." Little wonder that the trodden worm turned, and, as Carlyle relates in his "History of the French Revolution," tanned the hides of its former masters to make shoes for children who had long gone barefoot. We read of this with a shudder; but even now similar or worse things are happening in Russia. The privileged classes, innocent and guilty alike, are reaping what they have sown, a terrible harvest from the evil seed of industrial exploitation. And we, too, shall not escape a like penalty if we permit the same causes to work unchecked in this country. I have no commendation for Bolshevism, as we understand that term, but I have sufficient insight to recognize its prime cause in the selfishness of the privileged classes. Carlyle, in one of his books, tells of a poor widow in England, who appealed for help to some of her well-to-do-neighbors, and being denied this, wandered about in dirt and poverty until she contracted typhus. From her sickness many others were infected and seventeen died—an awful if eloquent proof of her sisterhood. So it is everywhere and at all times for "The mills of God grind slowly. Yet they grind exceedingly small."

Now I have two suggestions to make in connection with the problem of Industrial Relations.

I submit first that without the spirit of good-will no solution is probable, or even possible. And in this respect I conceive it to be the unique privilege and duty of the Christian Church to be the vehicle through which the Grace of God may preserve and strengthen us in this time of trial. I do not wish to be censorious, but it does seem to me that there has been, and is yet, too much of a spirit of smug satisfaction about the visible church, and in this

connection I beg leave to quote with approval the following editorial from the Witness:—

> In the presence of the many stupendous world issues that are coming to a head; in the presence of the infinitely complicated problems before the approaching congress; in view of the very crude moral attitude of the nations toward those issues; in view of the volcanic upheavals of the peoples, what do we see? Do we see the Christian Church everywhere upon its knees praying that in this the great day of the Lord, God's Kingdom may come and His Will be done on earth? Or do we find congregations blandly thanking God that He has crowned our honorable arms with victory, with apparently no sense of the supreme crisis, social and international, the solution of which has been Providentially thrust upon the nations of to-day and really depends on what sort of a heart there is in these nations? Is this not the time to inspire the nations, each within itself with a right spirit; to put in our litanies; "From all pride; from all vengefulness; from all self-seeking; from all that would breed hatred between man and man; Good Lord, deliver us?" Should the church not be following the rulers of men to their infinitely important task with a consecrating breath of prayer for them? Or does it believe at all in the potency of such things, or in its responsibility with regard to them?

The present industrial situation surely issues a challenge to the Church!

My second suggestion is that any final solution of the problem of industrial relations will involve a substantial reunion of capitalist and laborer. In this connection I speak with some authority, because I am engaged in practically the only industry in which "Labor" and "Capital" have not been divorced. In the main farmers unite in themselves the three functions of landowner, capitalist, and laborer; and there is, therefore, neither schism or friction. The farmer labors long and hard that he may save,—that he may store up capital and reap the fruits thereof. Everything in such a case conspires to promote the fundamental virtues of industry, sobriety and thrift. This happy condition did at one time prevail largely in other industries. But with the advent of the age of machinery and the development of the factory system a condition arose in which the land (or natural resources) was owned by one set of men—in some places inherited from feudal times—the capital (or tools of production) was owned by another set; and the labor was

supplied by still a third class. Hence arose wonderful opportunities for economic exploitation, and, if you will but recognize it, a world wide discrimination in matters of legislation in favor of those industries (mostly urban) where this opportunity was greatest. Hence grew vast fortunes on the one hand, and the perpetuation of poverty and ignorance on the other. Industrial Reconstruction, if it is not again to tumble in ruins must change all this, and it seems to me that the union of landowner, capitalist and laborer in the same person, which works out so beneficially in agriculture, will have to be re-established in other industries. This is no easy problem, and will not be solved over night. We might better tackle it sooner rather than later, however; and I will indicate briefly the broad lines along which, I think, such progress will proceed.

There will be, in the first place, the putting of everyone in the position of landowner by appropriating the "unearned increment" for society—"community values for community purposes." There will be, in the second place a considerable development of state socialism, or better, of public ownership of public utilities. And in the third place, there will be, I feel certain, a vast development of what is known as voluntary co-operation,—of what Lord Roseberry called "a state within a state." In these three directions I think we shall see the reunion of those functions or forces whose separation has had no little effect in bringing about the present world catastrophe.

And, now, I come to the second great concrete problem that we have to consider in the Programme of Reconstruction—the problem of *Production*—of efficient and abundant production. This problem is of special importance to Canada, because we have now a foreign debt of between four and five billion dollars, on which the interest charges alone will run up in the neighborhood of 200 millions a year. We can save ourselves from national bankruptcy only by securing a vastly increased production, and that in those lines only where we can produce profitably. As Mr. Drury said at the last annual convention of the United Farmers of Ontario: "To produce commodities for ourselves which we can more cheaply buy abroad must necessarily result in diverting capital and labor from profitable industry to unprofitable, as well as burdening profitable industry with the extra cost of the commodities produced." And as he said further: "It becomes clear that as in the time of war just past, it was the part of wisdom to close down or restrict all unessential industries in order that our energies might be devoted to those necessary to the winning of the war, so in the

time of reconstruction when our chief business will be to meet our obligations and maintain our solvency, it will be absolutely necessary to see that unprofitable industries, that is those that cannot produce as cheaply as their products may be sold for in the world's markets, do not become a clog to profitable industries, that is to those industries whose products we may hope to sell in the world market at a profit."

Now in this connection I take issue absolutely and irrevocably with all those who advocate tariffs as a means of stimulating production. Such devices may, it is true, increase production in this special line or in that; but on the whole they have the very reverse effect; they divert labor from profitable to unprofitable industries and thereby lessen the net total result. Surely no man in his senses would advocate the culture of bananas in Canada unless, possibly, bananas were a commodity whose loss might at some future time be fatal to our existence. Everyone would admit that a unit of labor spent in the production of wheat, for which our conditions are suitable, would be vastly more effective than in the production of bananas. And yet the argument, whose validity in this extreme case is obvious to everyone, is equally valid of all industries which need tariff protection for their continued existence. They are a clog upon the nation's industries, and the labor employed in them would be more advantageously employed elsewhere. The philosophy of protection is patently fallacious, for if the restrictions involved therein produce scarcity they are socially injurious, while if they do not produce scarcity they are non-effective and useless to those who want them. But the real reason why protection has such staunch advocates is that it creates an artificial scarcity, and thereby puts money into the pockets of those producers whose products are affected. No just scheme of reconstruction can countenance the continuance of this system, as it is, as has been often said, simply "legalized robbery." The folly of tariffs becomes all the more apparent if we narrow the territorial boundaries—what a nuisance and terrible loss, for example, would be involved in the erection of tariff barriers between our counties! Consider further that trade is the natural way by which the special local advantages of climate, resources or skill are shared by all; and that man has ever striven to render trade easy and cheap by improving means of transportation. Commerce is divinely ordained, and civilization is founded thereon, for commerce is one of the chief methods whereby men co-operate with one another. Indeed, properly viewed, commerce exemplifies the co-operative motto: "Each for all and all for each."

I submit, therefore, with all confidence, that the logical and effective way of stimulating industry, and so increasing Canada's production that we may be able to meet our financial obligations and at the same time maintain a reasonable degree of comfort for ourselves is for us to unshackle industry. Take every tax off industry and allow the utmost freedom of trade. Only thus will those industries develop properly which are suited for our conditions; only thus can we succeessfully meet the situation which we find forced upon us at the end of the war.

And I submit further, that in view of Canada's great domain and resources, agriculture must remain the chief, or one of the chief, of Canadian industries; and that, therefore, it is particularly advantageous from the standpoint of production to remove any artificial disabilities under which agriculture labors, one of which unquestionably is the tariff. And in this connection I desire to draw your attention to the recently promulgated "Farmers' Platform," in which is presented a national policy best calculated to advance the interests of Canada as a whole. And I quote with pleasure the following editorial comment from the Ottawa Citizen:

> At this time, when many people in Canada are conscious of the need for economic and political readjustment, and while the old political parties have nothing of a comprehensive character to put before the country, the Canadian Council's lead is clear and straightforward. It outlines an enlightened way forward for Canada; and there has never been a better time than the present, when Canadian industry must begin to build over again, to re-establish the country on the sound economic basis of production by labor applied to the natural resources of Canada.

There is another aspect of the problem of production that will bear mention at this point, if only in outline; and it is one, too, in which the Farmers' Platform meets the situation. Abundant production will largely depend upon equity in distribution. No man will continue to sow where he cannot reap; and in the proportion that a man's just earnings are taken from him he will become a discouraged and inefficient producer. Slavery of any kind does not conduce to economical production. Moreover, to the extent that people get what they do not earn, they usually squander or misspend it. I have been much impressed with the growth of flunkeyism in Canada during the last twenty-five years, nowhere, perhaps, so evident as in this city of Toronto. Even during the time of war, when everyone was called to do something useful—when farmers were bidden speed up production, and when men, women

and children in the country worked as they had never worked before—even at such a time I noticed in this city hundreds of able-bodied men ministering to the extravagant wants of the rich. Lack of equity in the distribution of wealth, therefore, does not only produce discouraged workers, but withdraws thousands from useful occupations and turns them into flunkeys. And in this respect the Farmers' Platform will accomplish much by securing greater equity in the distribution of wealth. I commend the Farmers' Platform as being of special significance in the programme of industrial reconstruction.

Now, to sum up: Enduring industrial reconstruction can only be built upon a foundation of social and economic justice. To so build will involve the substitution of co-operation and industrial democracy for competition and industrial autocracy. The menace of strained industrial relations can only be averted by the spirit of unselfishness, manifesting itself in the democratization of industry, so that a substantial reunion of land-owner, capitalist and laborer may gradually take place. And efficient abundant production, so greatly needed in Canada, will largely depend upon those fiscal changes recommended in the Farmers' Platform. Industrial reconstruction on other lines is to rebuild on the sand.

May I suggest, finally, that civilization be likened to a magnificent building, each stone or part of which is a human being. The integrity and stability of the whole depends upon the foundation, the harmonious co-ordination of the parts, and the reliability of each unit or part. The philosophy of democracy does not, therefore, exalt the individual life without good reason. It is vital to the existence of society that each citizen be trained to know and do his duty; and, on the other hand, each citizen finds his own welfare bound up with that of society. There is good sense as well as good sentiment in Tennyson's beautiful couplet, with which I shall close:

"Let each man find his own in all men's good,
"And all men work in noble brotherhood."

Reconstruction in Industrial Life

ADDRESS BY DR. SAMUEL ZANE BATTEN, PHILADELPHIA.

IT is certainly a very great privilege to be here at this side of the line, that invisible line that we hope has practically disappeared. It was almost worth while to have had such a disaster as this war to bring together the two branches of the Anglo-Saxon race and to make us one from this time forward. I think that is the most promising outlook for the future of our world.

Some years ago, at a political meeting in New York City, Henry George was announced to speak to the working men. He was introduced by the Chairman as a man who had always stood for the working men. Mr. George rose to his feet and said: "I am not for the working man"—and a chill fell over the audience—"I am not for the rich man"—the temperature rose just a little—"But I am for men, without any reference whatever to their standing; for men, whether they are rich or poor, whether they are white or black." Now, so far as I know myself, this afternoon I want that to represent my attitude—FOR MEN. And industry must always be viewed in its relation to men and to society; and the industrial system is not to be considered as an end in itself. Always, everywhere the human value must be taken into account; always, everywhere, we must ask ourselves how this is affecting the life of men, of the child, of women, how it is related to the family, and I am inclined to think that that may be the test of the rightness or the wrongness of a good many of the problems in our present economic life. How do they affect the family? That is goood for man or for society which helps the family; that is evil in industry for man and for society which injuriously affects the family. Let the family be our standard; let it be the test by which we shall measure the value of the processes of industry.

Some years ago a pastor of a church in one of our eastern manufacturing centres told me this story: He had been preaching on the golden rule, and said, "This is Christ's law for life, and it is our business to apply that law in our relations to society, in industry and in politics, as well as in the family and the church." A member of his church came to see him, a man who had some five thousand men working for him in a great steel mill, and he said, "Pastor, I am interested in what you have been saying, and I want

to get my business on a Christian basis. Now tell me what to do? I cannot increase the wages of the men very much with conditions as they are; we try to treat the men kindly, but there must be something beyond that." And that pastor, relating the incident to me, said, "Batten, I did not know what in the world to tell him."

Now, friends, the times of that ignorance and incompetency God may wink at, but He is expecting His church to-day to act more wisely than that. We must be able to tell earnest men, working men, employers, citizens, what we must do in order to get our industrial life on a Christian basis, and mere exhortations about being good and living good lives will not answer the question.

As I look around the world to-day there is one great outstanding movement of our day that is significant—the steady, irresistible coming up of the people out of a place of subjection into a place of authority. It has been affirmed here this afternoon that democracy is to be the watchword of our time, and you are all familiar with the words of the President when we entered the war —rather late some of us think, but in time to be there at the finish. "We enter this war in order that we might make the world safe for democracy." Now, friends, if we are to make the world safe for democracy we must do something more than merely talk about democracy. We must interpret the democratic principle; we must interpret it, because we have been talking about it for generations now; and then we must set ourselves resolutely to the task of practising that principle all along the line of life, and go with democracy just as far as democracy goes.

What is implied in democracy? We will see the relation of that in just a moment to this question of industry. You know how the French have three words, which, in a sense, are the embodiment of democracy: Liberty, Equality, Fraternity. Thus far we have thrown emphasis upon liberty. We have said very little about equality, and practically nothing about fraternity. In our day we are called upon to give a postive, constructive meaning of democracy.

I want to say a word with reference to that second word, equality. I am inclined to think, friends, that we deceive ourselves sometimes by the use of words. But in regard to that word equality, we all believe now, we hold its truths to be self-evident, that all men are created equal. But a great many people are befogging themselves because they misunderstand the word Equality, and confuse it with likeness. We believe in the equality of men; we do not believe in the likeness of men. There are differences that may not be inequalities in every one of us as we believe

there is an outplanting of the Divine Life; and that human life in every one of us in itself and of itself is substantially the same thing wherever you find it, and if it manifests itself in very different ways, that is due largely to the handling that it has received. In other words, life, because it is life always and everywhere, in itself and of itself, is substantially equal. Now, the sociologist is prepared earnestly and solemnly to maintain that position. Some of you have read, by Leslie T. White, "Applied Sociology," proving that in all classes of men there is substantially the same power; that if power manifests itself in very different ways, it is not due to any inequality in life itself, but rather to the differences.

Now, let us assume, then, that men are essentially equal, and human life has substantially the same humanistic and Divine quality. That being the case, it ought everywhere to have fair and equal opportunities.

We recognize differences among men, of course, and these are necessary, because it takes all kinds of folk to make the world, and I suppose that lets us in somewhere, but differences are different from inequalities, and let us not lose sight of that. We challenge inequality then in human life; we challenge its right to be. We say human life, always and everywhere, ought to be developed and be strong and have a good, fair chance in the world to make the most of itself. The ways of life, of course, will be very different, because we have different aptitudes.

That illustrates one aspect of this term democracy that I believe needs emphasis in our time, and we are here this afternoon, not to stand merely for things as they are, and say because things have been, because one generation, by coming a little earlier, gain possession of the land and natural resources of the earth, they are to transmit those privileges to other generations and shut out the great mass of people from their equity in that common inheritance. We say other generations ought to have an equal opportunity to enjoy its equity of all the natural resources of the earth. That, we must believe, is implied in the term democracy.

The great problem before us to-day is the dethronement of autocracy wherever you find it, and the enthronement of democracy and equality and brotherhood among men.

It may be hard to say that our present industrial system is not a democratic system. For the last one hundred and fifty years society, in its political relations at any rate, has been growing more and more democratic, and we have an approximation of democracy in political relations, but it is significant that in the last one hundred and fifty years industry has been growing more and more

autocratic, so that to-day the control of industry is in practically a very few hands.

Several years ago Chauncey Depew said, and he had the privilege of representing the point of view of the capitalist, "There are seven men in this country who could stop every train and every railroad; they could shut down every factory in this land," and he said, "because they control capital." Now, I am not prepared to say just what that is. I am free to say that is not democracy, where a few men control the resources of the nation in the way of production and transportation and distribution. It is due to our present industrial system, in part—and keep this in mind, because I think it is so essential in what we are dealing with this afternoon, not men, but conditions and systems—sometimes we find an individual who represents the system, but we are more or less a part of the system and can hardly help ourselves, and the only way in which we can extricate ourselves is by changing the system. We will play according to the rules of the game; if you want a man to play differently you must change the rules. Our business to-day is to change the rules of the industrial game.

Just note the present industrial system. As a result of the industrial revolution we find a large scale industry with incorporated management, and this means on one hand we have investors, who may be one man or a few men practically controlling the industry, and then on the other hand we find the workers—sometimes hundreds or many thousands—separated and in another group. By the very nature of the case the relation between them is the competitive relation, and that very system has de-personalized the relations of men. That is one of the most significant changes that has ever come over the world; we have broken human fellowship.

Some five years ago I was a member of the committee representing the Federal Council of the Church of Christ in America to investigate the strikes in the Colorado mines. We went out to Colorado; we heard the testimony that was given, and this is what we found: That the principal stockholder, the man who held 52 per cent. of the stock in the chief gold mining company there, testified he had not been in Colorado for eleven years; knew nothing about conditions out there; did not know whether the men had a grievance or not. And I heard working men say that they offered to meet the employers and the managers, and they told them if they could only meet and talk over things they were perfectly sure that every question could be settled. And Ex-Senator Patterson said: "I would not meet these men; I would not remain in the

same room with them for the Governor of Colorado; I would not remain in the same room with these men for the President of the United States." And, men and women, where such an attitude as that exists you have all the conditions for misunderstanding, for friction, for warfare, for bloodshed. You de-personalize human relationships; in other words, you have de-humanized human beings.

The industrial process as we know it to-day is, in a very large part, a mechanical process. I just want to say this one thing in regard to that, that we have destroyed the worker's joy of workmanship. The time was when one man made a pair of shoes; now it takes one hundred men to do it. One man could have some satisfaction in his work; to-day a man simply touches the form of the shoe as it passes through his hand. There can be no joy of workmanship there. There can be no creative impulse developed in that man. We have destroyed the worker's incentive to do his best.

I have heard employers say, "Well, I cannot get the men to take any interest in my business." Frankly, why should they? MY BUSINESS. There is not any such thing as private business to-day. There is no business so small as to be purely private. It touches men and society, and wherever business touches others and has social relations, it ceases to be a purely personal thing. MY BUSINESS—why should a man take any interest in it? He knows that if he does his best he will be set up as a postmark for others, and he believes, whether rightly or wrongly, that he will get no benefit himself.

I am not discussing the question this afternoon whether the worker is right or wrong in that; the state of mind is the fact, and you must deal with that. He believes he is not getting a square deal; that there is no reason in the world why he should exert himself to the utmost.

Just summing up then, this is what we find: That the present wage system is working badly; it has practically broken down on our hands, and the wise students of industrial questions, whether working man or employer, will admit that the wage system has broken down on our hands. There are some employers who are trying to patch up the system by bonuses and other things. These are good so far as they go, but they do not deal with the fundamental relations, and they do not carry us one inch towards the solution of the problem.

(*To be continued in our next issue*).

The Provincial Board of Health of Ontario

Cases and Deaths for the Month of February, 1919

THE total deaths from all causes reported by the Undertakers for the Province during the month of February are 3,331. Of this number Spanish Influenza and Pneumonia caused 812 or 24.3% of the whole. It is satisfactory to know the reports show a great improvement in the last month compared with the previous months of the epidemic. The marked decrease for February indicates the outbreak is abating as the figures for the several months show: October 3,015, November 2,608, December 1,568, January 1,512, February 812 deaths. Total 9,515. Included in the last month are some 150 deaths that took place in the previous months, but not reported until now, and if deducted would make the deaths for February 662 instead of 812.

The following are some of the cities and towns reporting the most deaths: Toronto 129, Hamilton 24, Sault St. Marie 35, Brantford 18, Ottawa 57, Windsor 15, Kingston 7, St. Catharines 9, London 14, Sudbury 27, Parry Sound 7, Stratford 6, Port Arthur 5, Fort William 3, Guelph 4, Niagara Falls 15, Welland 4, Smiths Falls 14, Carleton Place 6, Belleville 3, Chatham 12, Wiarton 3, Kenora 4, Petrolia 3, Brockville 4, Merrickville 4, North Bay 9, Port Hope 5, Victoria Harbor 4, Cornwall 4, Burlington 7.

COMPARATIVE TABLE.

	1919		1918	
Diseases.	*Cases.*	*Deaths.*	*Cases.*	*Deaths.*
	Feby.		*Feby.*	
Smallpox	41	0	91	0
Scarlet Fever	337	11	357	4
Diphtheria	329	32	289	18
Measles	21	1	861	6
Whooping Cough	41	2	168	6
Typhoid	12	3	35	3
Tuberculosis	226	144	131	69
Infantile Paralysis	0	0	1	0
Cerebro-Spinal Meningitis	14	13	15	10
	1021	206	1948	116

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH FOR FEBRUARY 1919.

	Feby. 1919 *Cases.*	*Jany.* 1919 *Cases.*
Syphilis	85	125
Gonorrhoea	153	138
Chancroid	5	1
	243	264

NOTE—Hereditary Syphilis caused 7 deaths of babies under 3 months old.

SMALLPOX CASES FOR MONTH OF FEBRUARY 1919.

Toronto	2
Hamilton	1
Brantford	3
Ottawa	6
North Bay	1
Chatham	1
Erieau Village	3
Rodney	1
Ross Tp.	6
Pembroke and Vicinity	5
Beachburg and Vicinity	8
Oliver Tp.	1
Westmeath Tp.	2
Sellett Tp.	1
	41

The Schick Test

The Schick Test is a means whereby it can be shown whether or not a given individual is immune to diphtheria.

The principle of the test is that in a person susceptible to diphtheria—and it appears that many are naturally immune—a local irritation is set up around the site of a subcutaneous injection of a minute dose of diphtheria toxin. One fiftieth of the minimal lethal dose (1/50 M.L.D.) of diphtheria toxin for a guinea pig of 250 to 300 grams weight is the usual quantity employed. If no reaction occurs then at least one-twentieth of a unit of diphtheria anti-toxin is present in the patient's blood and he is probably safe from attack. If the reaction is positive then the assumption is that there is less than one-fortieth of a unit of diphtheria anti-toxin present, indicating that a prophylactic dose should be administered. The test, assuming its reliability, would appear to be most valuable in the case of an outbreak of diphtheria in an institution where, by its application, the susceptibles and non-susceptibles may be separated and only the former need be treated with anti-toxin instead of all and sundry.

Editorial

The Federal Department of Health

WE congratulate the Dominion Government on having definitely announced that a bill is to be introduced forthwith providing the necessary authority for the establishment of a Federal Department of Health. We trust that this Department may be only the forerunner of a Federal Ministry of Health. That an independent department be set up under a Minister of Cabinet rank, is not too much to ask, if the all-vital problems to be solved are to receive the consideration they merit, judged solely from the point of view of the nation's welfare.

The problems of public health, social welfare and the co-ordination of the activities of all existing agencies dealing with preventive and curative medicine in Canada, must be reviewed and if possible so systematized that Canada will come to occupy a foremost place amongst the nations who regard the health of their citizens as their most priceless asset.

Toronto Department of Health Estimates

At a recent meeting of Toronto Board of Control according to newspaper accounts the sum of $5,170.00 was deleted from the estimates of the Department of Health "as a beginning". A controller named McBride who has been very active in his opposition to expenditures on health opposed the payment of doctors and nurses taking baby clinics throughout the city. "The mothers of to-day are as well able to look after their children as your mother and my mother" remarked this sapient individual. Dr. Hastings replied that the infant mortality of Toronto had been reduced from 100 to 85 by organized methods, adding that the Board of Control were putting their judgment above that of the best informed medical men of the country. Whereupon the controller replied "Our judgment is going to go here". After another controller stated that he would "vote to strike this item out as a fad", the item $2,600 was allowed to stand on a vote of 3 to 2.

This incident is pretty characteristic of proceedings in Toronto Board of Control. Toronto has one of the most efficient medical officers of health on the continent. He has admittedly got results in that during

his administration the death rate of Toronto has fallen steadily. Yet he is submitted year by year to badgering and baiting particularly by one controller who to his own great delight frequently carries his point and robs his city of some absolutely necessary piece of health administration. There would be little criticism of this action were it carried through as a result of intelligent consideration. But more's the pity it never is. Wind and bluster seem to carry the day where all other methods fail. We cannot but wonder how much longer Toronto will tolerate this ridiculous annual spectacle.

An Incorrect Point of View

The December number of the Bulletin of the Council for Social Service of the Church of England in Canada is devoted to an article on "The Social Evil". While it is most gratifying that the Bulletin should pay attention to a subject which is so important there are some features of the article in question which would seem to merit criticism in that they unfortunately provide examples of the attitude of mind which workers in the field of social hygiene find it necessary to combat.

A quotation from the first paragraph of the article runs as follows: "an evil . . . which has existed since the world began and will exist till the world ends, an ineradicable fact of society, and one which has to be faced and met with such means as may be devised, without any hope of final and complete victory, and with no possibility of doing any more than lessening its evils". Again in the next paragraph: "There is no conceivable hope for ever eradicating the social evil completely and finally, and that she whose house is the way to hell, going down to the chambers of death, will be with us always". These statements remind one very much of the arguments one used to hear in favour of retaining the bar because it has always been an institution. It always has been. Therefore it always shall be. Surely the writer is unduly pessimistic.

On the following page the statement is made that the matter of combating venereal disease is totally and altogether a matter for the medical profession and generally left alone by the layman. The writer seems to be unaware that some of the best work done in this matter has been done by laymen. He should investigate the work of Mr. Wm. H. Zinnser of the Social Hygiene Division of the American Training Camp Activities Commission, of Mrs. Gotto of the British National Council for Combating Venereal Diseases or of Dr. Winnifred Cullis—who by the way is not a Doctor of Medicine.

The reason for women entering a life of prostitution is then discussed. In one place the statement is made: "They are of such a frivolous and

pleasure-loving disposition that they are deliberately willing to take the plunge rather than continue their hum-drum existence"; and again: "There are in every city scores of institutions of the very best description willing to give such lonely girls a warm welcome". The fact is that quite a number of girls are "frivolous and pleasure-loving" in some degree. Indeed it would be a dull world if one didn't run across that sort occasionally. The institutions the writer speaks of may exist. It is quite certain that up to the present time they are utterly inadequate in number and in conception of the problems of social hygiene.

In the discussion of the policy of regulation of disorderly houses the statement is made: "It may also be admitted that medical regulation of the women does very considerably lower the rate of disease, the undoubted figures from many European cities leave no question on that score". This statement is simply not in accord with the facts. The attempt to regulate and inspect has disastrous results wherever it is tried. It does not decrease but greatly increases both the sum total of exposures to infection and the amount of venereal disease. Fortunately, however, the writer goes on to say that medical inspection is the most partial of palliations and does not begin to keep down disease. He also disagrees with the policy of segregation—and in this attitude he is in accord with all authorities.

While the article under discussion is marked by good intentions and contains some valuable material its usefulness is greatly lessened by statements which show a lack of scientific knowledge and an incorrect point of view. To pretend to attack the problems of prostitution and venereal disease and commence by saying that prostitution must always exist is absurd. The prostitute is a social phenomenon whose existence depends on definite remediable social causes. She will continue to exist only as long as those causes remain. We should study them carefully and act accordingly—not with the idea of ameliorating or palliating, but of abolishing. Neither is repression the essential method although some of this there must be at first. Only by definitely constructive social work aiming to provide a sane normal life for young people can much be accomplished. Abraham Flexner in his classical work on the subject says: "Civilization has stopped for a life-and-death struggle with tuberculosis, alcohol and other plagues. It is on the verge of a similar struggle with the crasser forms of commercialized vice. Sooner or later it must fling down the gauntlet to the whole horrible thing. This will be the real contest—a contest that will test the courage, the self-denial, the faith, the resources of humanity to their utmost". Flexner is right, but what fight is worth while that is not a hard one? Surely we should not confess ourselves defeated before the first gun is fired.

Medical Examination of Seamen

At the conference on venereal disease control held in Ottawa on February 3rd, among other important matters under discussion was the medical examination of seamen for the detection of venereal disease. In the United States examination of crews has been provided for and carried out since February 5th, 1917, by an amendment of the Immigration Act relating to the medical examination of alien seamen, putting the latter on the same footing as regular immigrants. In Canada except for quarantinable diseases there is no medical inspection of seamen. This means that while a ship is in port her seamen are free to transmit venereal and other diseases which they have acquired. The following extract from the 1918 annual report of the United States Public Health Service is of interest in this connection.

EXTRACT ANNUAL REPORT 1918 U.S. PUBLIC HEALTH SERVICE.

ALIEN SEAMEN INSPECTED AND CERTIFIED.

(Only for larger seaport stations).

IMPORTANT DISEASES FOR WHICH CERTIFICATION WAS MADE.

	Inspected	Certified	Trachoma	Tuberculosis	Insanity	Epilepsy	Feeble-minded	Favus	Syphilis	Soft Chancre	Gonorrhoea
Baltimore, M.D.	22768	1332	9	5	2	2	..	..	77	106	210
Boston, Mass.	21312	551	....	..	..	..	..	..	2	22	25
Buffalo, N.Y.	182	33	....	..	..	..	..	..	..	....	....
Newport News and Norfolk Quarantine	42327	488	184	9	2	..	..	2	53	37	90
New Orleans, La.	17161	489	47	4	..	1	..	1	75	70	85
New York, N.Y.	166833	772	241	17	8	6	1	..	56	98	195
Pensacola, Fla.	1431	37	....	..	..	..	..	..	..	13	8
Reedy Island Quarantine	26728	1043	66	7	..	..	1	..	14	49	48
Port Townsend, Wash.	18155	100	7	..	..	..	..	..	20	12	18
San Francisco, Cal.	47039	34	11	..	..	..	..	..	10	4	33

The Ottawa conference passed the following resolution: "That this conference suggests that all seamen coming within the purview of the Immigration Act be examined for freedom from Venereal Diseases before being allowed ashore at Canadian seaports". It is to be hoped that in view of the present entire lack of authority for dealing with the matter government action will follow immediately.

Joint Meeting of Canadian Public Health and Ontario Health Officers Association at Toronto on May 26th, 27th and 28th.

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On any human being rose or set."

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The Public Health Journal

Vol. X. APRIL, 1919 No. 4

Sanitary Conditions Aboard Transports

J. J. Heagerty, M.D., D.P.H.

Bacteriologist and Assistant Medical Officer, Grosse Isle, P.Q.; Acting Quarantine Officer, St. John, N.B.

My position of quarantine officer at the port of St. John, N.B., brings me into intimate contact with the returning troops and military dependents on board transports. I have therefore an excellent opportunity of studying the actual sanitary conditions of these vessels and of judging of the fairness, or otherwise, of the complaints one so often hears, and which have been carried widespread throughout the country. I find that the complaints are four-fold, viz.: inadequate and insanitary accommodation; insufficient attendants; inadequate medical attendance, and, poor food.

On transports which carry troops only there have been very few complaints. On transports which carry both troops and military dependents there have been many complaints, and it is chiefly on such transports in which cases of influenza have occurred during the voyage that the complaints have been most numerous. There is, therefore, an intimate relation between the complaints and the incidence of influenza. The incidence of influenza is greater among the dependents than among the troops; the women and children being more susceptible to deleterious influences than are the men. It is, however, decidedly illogical to judge of the sanitary condition of transports, solely, by the number of cases of influenza which have occurred during the voyage. Influenza is ubiquitous at the present time and will make its appearance independently of the sanitary conditions wherever there is overcrowding as the disease is spread by direct contact. The number of cases of influenza, per capitum, on board transports is a great deal less than among the population of our cities during the recent epidemic. One would

expect this, in spite of overcrowding, owing to the fact that a large number of the passengers have been immunized by previous infection. The death rate is higher; owing to lack of hospital space, lack of nursing staff, and the greater difficulty of treating cases on board ship. Insanitary conditions, by lowering the resistance, are an adjuvant. If the sanitary conditions were as bad as depicted one would expect to find other diseases, such as measles, scarlet fever and diphtheria present, and especially among the children, as they are the first to feel the effects of insanitary surroundings. Among the many hundreds of men, women, and children whom I have examined at this port I have found, of diseases other than influenza, only one case, viz.: measles, and that, strange to say, occurred in an adult.

I have noticed that there have been few complaints and that there have been very few cases of influenza when fair weather has been enjoyed during the voyage across. Under such conditions the passengers spend the greater part of their time on deck in the open air. The ship attendants have ample opportunity to keep the cabins and compartments clean and well ventilated, and the incidence of disease is thus reduced to a minimum. When foul weather is encountered the decks are forsaken; cabins and compartments below deck become overcrowded; sea-sickness makes its appearance with all its attendant discomforts and disabilities. The first to feel ill effects are the women and children. A woman suffering from sea-sickness is unable to attend to her own personal wants; it is a physical impossibility for her to attend on her children. The cabin floors and decks become polluted with vomitus, food remnants, and refuse of various kinds. The air quickly becomes polluted; its temperature and relative humidity raised, owing to overcrowding, and here we have ideal conditions for the development of germ life, viz.: heat, moisture, and organic matter. A few of the more modern ships are fitted with the vacuum system of ventilation, which consists of a system of ducts, leading from the cabins, and controlled by a fan which exhausts the vitiated air; the fresh air finding its way in through ports and other openings. The incidence of disease in ships of this class is less than on ships which are dependent for ventilation on perflation alone.

Two days of above conditions and influenza makes its appearance. The presence of this disease in their midst does not add to the peace of mind of those who have been housed in such close contact with one another, and this coupled with the close confinement makes the people uneasy and restless, and finally leads to

grumbling and discontent; hence complaints of inadequate and insanitary accommodation. Under conditions, such as I have described, it becomes impossible for the ship attendants to keep the quarters in a sanitary condition; hence complaints of insufficient attendants.

The steerage has very little that appeals to one's aesthetic sense at any time. Under the best of conditions it is replete with discomforts. In bad weather it reeks. A number of stewardesses might with advantage be provided for the steerage for the care of the women and children.

There is one cause of complaint that is justified and that is lack of medical attendance; not so much from the standpoint of numbers of physicians; each transport has two, viz.: the military doctor and the ship surgeon; as from lack of skilled nurses. No doctor can act both as physician and nurse, and no stewardess, no matter how willing, can replace a skilled nurse. I have been given to understand, that in future, transports will be provided with a number of nurses, proportionate to the number of passengers. The hospital accommodation on all transports is inadequate and calls for improvement. Ample hospital accommodation should be reserved, both for the sick and contacts. Unless such accommodation is provided the treatment of the sick and the protection of the well becomes an utter impossibility. The question of food scarcely finds a place within the scope of this article. When one is suffering from mal-de-mar, let us say with Shakespeare, "Let digestion wait on appetite."

I find that the sanitary condition of transports is in the main good. That there is overcrowding, which is dangerous from the standpoint of public health, on some of the smaller ships, is true, but when studying this phase of the question we must take into consideration the shortage of ships and the anxiety of the returning Canadians to get back home. Thousands are clamoring to get back; officials try to accommodate as many as possible; hence instances of overcrowding. From my observation I have come to the conclusion that influenza is the prime factor in every complaint and I believe that strenuous efforts devoted to the prevention of occurrence and spread of this disease will be rewarded by a marked decrease in the number of complaints.

The Binghamton Health Centre

Reprinted from Health News, Monthly Bulletin, New York State Department of Health.

C. J. LONGSTREET, M.D.
Health Officer.

S. J. KOERBEL
Superintendent, Community Health Centre.

THE Health Center at Binghamton, or the Community Service House as it has thus far been called, is the outcome of the growth of several health activities to the point where it became necessary for each to cut down its overhead expenses. This could be most easily accomplished by combining forces.

The Broome County Humane Society and Relief Association, supported by private subscription, recently acquired the four-story building at 71-73 Collier Street, Binghamton. As the society required only the first and part of the second floor for its purposes, it offered to the Board of Health space for its city dispensary, then in crowded quarters.

By accepting this offer the dispensary, which had thus far confined its work to veneral diseases and tuberculosis, was able to broaden its scope to include a complete medicial clinic. Steps were immediately taken to co-ordinate the city hospital and dispensary activities as far as the out-patient department was concerned. This has been accomplished tentatively by the health officer becoming chief of the out-patient department of the city hospital, and the staff of the hospital co-operating in the maintenance of the various clinics which include the following:

Mental clinic—under the management of Binghamton State Hospital.

Crippled children—muscle training and nursing advice by Miss Mary Kenny, district nurse of the State Department, located in this district for poliomyelitis work; Miss Kenny at present has her headquarters in the Bureau of Health while in the city.

Dental clinic—under Binghamton Dental Society.

Tuberculosis clinic—under physician in charge of Broome County Tuberculosis Hospital.

Venereal Clinic—under Bureau of Health.

Medical
Surgical
Orthopedic
Prenatal
Gynecological
Eye, Ear, Nose and Throat

Under staff of City Hospital—one member of which will be appointed chief of his department with the power to select his subordinates.

All of the above will be run as a free dispensary. The question of a minor fee being charged to each patient registering remains to be determined, but at present sentiment favors no charge for treatment or medicine.

The funds to equip the clinics have been provided by public spirited citizens with the only stipulation that the equipment be the best obtainable and equal, if not excelling, any dispensary in the State of New York.

Space in the building is divided as follows:

First floor and basement: Broome County Humane Society and Relief Association and Boy's Club.

Second floor: Child Welfare and Clinic, Department of Health, 12 clinics, modernly equipped, open every day.

Third floor: Home service of Red Cross, motor corps, Red Cross workers, sewing rooms having modern electric machines, kitchenette, Humane Society and Relief Association store room carrying a stock of about $5,000 in clothing and shoes.

Fourth floor: Living apartment of janitor, municipal lodging rooms and children's detention room.

All social activities are centralized in this building—West Side Charity Club, Employment Bureau, City and County Probation Officer; eleven organizations federated as one, operated by "a gentleman's agreement."

Funds for carrying on the work of the health center are obtained by means of a campaign conducted once a year, the words "charity" and "relief" being specifically eliminated in all publicity work.

The possibilities of this center, combining as it does all the social service and health activities of the city, are so great that we hesitate at this time to make more than a bare statement of facts. We feel that a long step in the right direction has been taken and that great progress is bound to result.

The Social Background.

EVERY successful Training School for Neighborhood Workers is being conducted weekly at St. James Parish Hall, under the auspices of the Neighborhood Workers' Association. The addresses given bear directly upon the social problems which the visitor will meet in the course of the work of family rehabilitation. At the request of the members taking the course these are being published in the *Public Health Journal.* The next four or five issues will contain the summary of other addresses given during this course. The programme of the course is as follows:

TRAINING SCHOOL FOR NEIGHBORHOOD WORKERS.

PROGRAMME.

March 7th (1)

(a) The Approach to the Home Visitation.
Rev. Peter Bryce,
President Central Council N. W. A.

(b) Condition Met in Visiting—The Social Background.
Miss Vera Parsons,
Central Neighborhood House.

March 14th (2)

(a) The Essential of an Adequate Investigation.
Miss Mary McPhedran,
Central Office N. W. A.

(b) Causes of Poverty.
F. N. Stapleford, M.A.,
General Secretary.

March 21st (3)

(a) Sources of Information Regarding the Family.
The Confidential Exchange.
Miss O. M. Snyder,
Central Office N. W. A.

(b) Sickness and Poverty.
Miss E. Dyke,
Department of Public Health.

March 28th (4)
(a) Toronto's Social Resources.
Robt. E. Mills,
Department of Public Health.
(b) Illegitimacy—Immorality and Poverty.
Rev. E. G. D. Freeman,
President East Downtown N. W. A.
April 4th (5)
(a) Principles of Relief.
Private *versus* Public Relief.
Rev. P. J. Bench,
Superintendent Catholic Charities.
(b) Unemployment and Poverty.
Rev. J. N. Miller,
Supt. Toronto Govt. Employment Bureau.
April 11th (6)
(a) The Value of Records in Social Work.
Mrs. Fraser, Central Neighborhood House.
(b) Desertion and Widowhood and Poverty.
Mrs. Mutch, Presbyterian Women's S. S. Association.
Thursday, April 17th (7)
(a) Value of the Case Conference.
Rev. M. C. MacLean,
Director Memorial Institute.
(b) Low Wages and Poverty.
Rev. Archer Wallace, M.A.
April 25th (8).
Organization Ideals and Programme of the Neighborhood Workers' Association.
F. N. Stapleford, M.A.,
General Secretary.

The Essentials of an Adequate Investigation

MARY E. MCPHEDRAN,
Case Secretary, Neighborhood Workers' Association.

WHAT constitutes an adequate investigation must of necessity differ according to the information required. But in every case, an adequate investigation should give the *symptoms*, so that a proper diagnosis may be made, and the proper care and after treatment prescribed. Social evils are germs in the body

politic, and if Social Workers are to be the Social Physicians they must make a careful study of symptoms.

It is in this effort to find symptoms that personality plays so large a part, and where personality is contrasted with technique. Technique is important but it is vastly more important to acquire ability in handling family situations which cannot be learned wholly from a book or even from a trained worker. Facts as they actually exist have to be faced. The assets and liabilities of a family have to be found—with an endeavor to systematically develop assets and minimize liabilities. The worker must have faith in the possibilities of human nature, and must have a standard of workmanship, combined with sound common sense, that most uncommon thing in the world.

The symptoms may be classified under three headings:

1. The application for assistance.
2. The first interview with the person or family requiring help.
3. The other sources of information revealed which may be of assistance in offering a solution of the problem.

Through all these the worker must avoid the prejudiced point of view, and, above all, bear in mind "Particular Treatment for Particular People."

The word "investigate" savors of something disagreeable, while in reality our investigations should be visits with people for the purpose of exchanging information. We acquire this information because we wish to understand the situation, but the people we are visiting may be just as anxious to understand our family situation and know something of our plans and aims and why we have chosen this particular way of spending our life. We should never leave our own interests at home, and frequently we do not give ourselves as generously as we might. Occasionally, instead of giving sympathy we might ask for it. They will usually respond to our joys and sorrows and this will not only broaden their lives, but will make our contact with them more human. It is never the visited only who is benefited.

Plato says that the essence of equality is to treat unequal things unequally. Modern effort aims to attain that essence of equality by fitting the opportunities to the individual, and helping the individual to attain *his own* highest possibilities, not merely our ideas of his possibilities. We must match people with their disabilities. They would not be asking for our help if they had been able to cope with their environment. We may feel that we might have acted very differently under the same conditions, but surely we

would not assume the rôle of helper unless we had something to give them.

The origin of the application will affect the first interview. The one desiring help may apply in person—some friend may apply for him—the suggestion may come from another Social Agency or some firm or benevolent individual. There should always be a clear statement of the relation between the person reporting the case and the person in need.

The nature of the task depends on the kind of work to be done. It is much easier to get information in some cases than in others on account of the approach to the family. A nurse going in at a time of illness, or a government investigator who carries with her the possibility of monetary assistance, is much more likely to have a story of the family troubles poured into her ears, than a probation officer.

The question so often asked, "Don't people resent your visiting them?" can be answered in the negative without the least hesitation, by a social case worker. Some reasonable avenue of approach nearly always presents itself, and the worker should keep her mind open to all natural avenues of approach, and utilize them to the full. If this is done it will not be necessary to fall back on the weather very many times.

A successful first interview is the foundation of all good work to follow. If over emphasized it may lead to two dangers. If unsuccessful we may become discouraged—or if very successful we may be inclined to rest on our laurels. There may be divided opinion as to the place of the inerview, but wherever it is people should be treated with decency and respect, and if seen in an office, should be interviewed privately. It is part of a social worker's task to build up the morale of people, and nothing should be done that would in any way injure their self-respect. In most cases a visit to the home is better than an office interview.

Before going to the home, or before completing the office interview, the worker should get as much information as possible. In Toronto we have the Confidential Exchange, which, if we have the identifying information, can give the agencies interested. If the family has ever before been known to individuals or social agencies, we can get in touch with these and find their idea of the family situation. Here again it is necessary to bear in mind that there may be unfortunate personal differences conveyed.

It is essential to have a thorough knowledge of the community, its resources, history, laws, the characteristics of the nationalities

found there, as well as the political, religious and social life. This will include a knowledge of other social agencies in the community, their point of view and general politics, and a realization of the interdependence of all social agencies. Such acts as the Act Relating to Prisons, Hospitals and Charitable Institutions, the Act Relating to Goals, Truancy Act, Juvenile Court Statute, Children's Protection Act, and Workman's Compensation, should form a part of every Social Worker's library.

Everything is modified by the visitor's knowledge of social disabilities and her conception of the possibilities of social treatment. Tact and good will are necessary, but tact must include knowledge, as it is impossible to be tactful with those whose point of view we fail to understand. The visitor must create an atmosphere.

Much of the success in finding symptoms depends on the visitor's ability to be a good listener, but with it all a determination to get beyond present difficulties—to find out what the family was at its best and the possibilities for the future. Listen with an unbiased mind to the story of the family situation. The truth is often hard to get at, for the present situation seems to them more acute than any previous one. Sometimes false statements may be due to low mentality rather than to low morality. Often the very telling of their troubles to a sympathetic listener relieves the tension and clears the atmosphere. Many people lead starved, sordid lives and long for genuine friendliness and sympathy. Just as other people, they need the sympathy that makes them feel stronger—the kind farthest removed from sentimentalism.

Never be in a hurry. One of the many dangers in going in with a formal set of questions is that the visitor is apt to leave when she has the answer to these questions, while if she stayed a little longer and discussed things quite aside from material needed for records, some things of vital importance to the situation might be brought to light. Try to find out how people act, think and feel in certain situations and in response to certain stimuli. As people differ, so they vary in their response to stimuli. The visitor who secures this intimate knowledge of the family's joys, sorrows, opinions, feelings and entire outlook on life, is not likely to blunder about matters of relief or other details. All the members of the family should be known, but there should be no effort to force their confidence. There must be a natural development of trust and friendliness. One important member of the family is often overlooked—the man—his story and his point of view are carefully considered by other workers in the community, the saloon and pool-room keeper, the

ward boss and the policeman—and in this particular they are considerably wiser than most social workers.

From the very first contact with the family, the development of self-help must be begun. Human beings have an unfailing tendency to lean on someone else in times of discouragement. Exercise is just as important in the development of self-help as it is in the development of muscles. Our part is to get people who want the right things, but they must do it themselves. Our contact with them either strengthens or weakens them.

There is certain definite information to be secured if a plan is to be made for the family's benefit. It is impossible to make a satisfactory plan unless there is fairly accurate knowledge of the main facts of the family history. How this shall be obtained and remembered is something each worker must work out for herself. But unless in very extreme cases, don't get our your pencil and paper until you are well out of sight of the house. Try making mental notes. Even people with poor memories can train them to keep essentials for a short time if they are sufficiently interested.

These main facts may be divided up into four histories as being possibly easier to remember in this form:

(a) *The Social History* includes the names, ages and birthplace of all the members of the family—when and where parents were married—in some cases this should be verified—the education of the parents, the school standing of the children, the church connection, and what is probably hardest to get, the correct names and addresses of relatives and friends. Previous addresses will often show whether the family has come up or down in the world, unless in times like these when people have to take what they can get in the way of a house.

(b) *Physical History*—The health of each member of the family—the name of the family doctor—does any member of the family attend clinics? Does a Public Health Nurse call, if not, should she be asked to call? All permanent disabilities should be noted.

(c) *Work History*—Present occupation of breadwinner. Does the women or do any of the children work? The earning capacity of each worker. Names and addresses of present and former employers. Is the work seasonal? Are there any of the family out of work—why, and how long?

(d) *Financial History*—Rent, and with that the landlord's name and address. If buying the home, how are they meeting the payments? Any debts—any instalment purchases? Are any of

the family insured, in what companies and the amount of payments? Do any of them belong to a Union or Benefit Society? Were family ever able to save, and how much? Present income—does any of this come from sources other than wages, as, for instance, a pension. Is family receiving relief, if so, the source and amount.

The first interview doesn't always disclose all the necessary information, but it is usually easier to get it then than to try and pick it up during several visits. If it rests between getting this and keeping the good will of the family, then, by all means, sacrifice the histories.

Besides these detached facts, there is needed whatever other facts will help in making an effective and well considered plan. Be careful about premature advice and promises until you are sure of facts, and guard against making plans for the present emergency only. It may be necessary to get the statements of relatives or friends—to visit those near at hand, or to have some social agency visit for you the ones at a distance, before adequate treatment can be prescribed. The minister, the S. S. or day school teacher, doctor, former and present employers, the landlord, several of these may need to be seen. Enquiries of present employers and landlords should be made with extreme care, if at all, for it is very easy in this way to create unpleasant feeling against those we are trying to help. In the case of foreigners—do not expose your ignorance of their customs. Try to understand something of what it means to them to find themselves in a strange country. Be specific about their nationality. Have they become assimilated and are they contributing as they should to the life of the community?

All this on paper may sound like an inquisition, but if we visit people for the purpose, not of finding them out, but of finding out how to help them, it surely justifies itself.

The essentials of an adequate investigation will include enough of the family history and information from the proper clues followed so that an effective plan may be made for the permanent benefit of the individual and through him the wider group, and the establishing of a friendly relationship for the successful carrying out of the plan; but putting special emphasis on the efforts to help the personality and to relieve that poverty of life which is due to the lack of a real vitalizing philosophy.

Causes of Poverty

F. N. STAPLEFORD, M.A.
General Secretary, Neighborhood Workers' Association.

POVERTY is a term which has no meaning unless used in reference to some standard. It is entirely a relative term since a standard of living which would be regarded as below the poverty line in Toronto, would be regarded as involving a moderate amount of comfort in say, London, and would be regarded as positive affluence say, in Pekin or Bombay. Poverty then, may be defined as a standard of living lower than the minimum accepted by the general consensus of any community as essential to a normally wholesome and physically effective life. The standard is necessarily then a somewhat vague one since it is based upon public opinion as to what constitutes the requirements for a decent life. A certain standard of housing, food and clothing, with some provision for the intellectual and spiritual necessities is set up by each community. If a family or individual is not able to maintain this, it is judged to be "poor." The judgment as to what constitutes poverty will depend upon the degree of material comfort and civilization which a nation or community has been able to maintain. A family which by the dictum of any community is regarded as "poor" suffers not only the physical discomfort incident to their situation, but also suffers a loss of prestige which is even harder to bear. Perhaps there is no factor quite so necessary to human happiness as the esteem of the group to which we belong. If we cannot win the admiration of our group as outstanding individuals, we wish at any rate to escape its condenscension and pity, due to inability to measure up to the accepted standard.

What then, are the causes of poverty? The victims of poverty are the casualties of the social order. The question as to the determination of the causes of poverty must be preliminary to any satisfactory course of social action designed to eliminate it. People rarely enter upon such an inquiry with an unbiased mind. Usually there is some presupposition. One group are absolutely convinced that the main causes of poverty are personal,—lying in defects of character—lack of energy and thrift. This group believes that taking the social order as it now is in most cases, families become dependent through causes which lie within their own power to prevent. The effort of this group would accordingly be fastened upon plans which have as their object the promotion of individual initiative and other personal qualities which would make each individual

the master of his own fate. Another great group emphasize almost exclusively the economic factors. They see the individual and family caught in the grip of an industrial system which is based upon world conditions of supply and demand and other factors which it would be ridiculous to expect the individual to very markedly influence. Those who are entrenched in the industrial system as holders of capital possess such an advantage that even, although they may be inefficient mentally and vicious morally, their income will almost inevitably increase. The man who does not possess these advantages may be an economic failure, even, although possessing unusual personal qualities. The social worker sees truth in both viewpoints and prefers to base conclusions upon facts as investigation brings these to light.

One very good way to uncover the sources of poverty is to take a specified number of cases which come to a charity organization society or other relief organizations, and analyze the causes which forced these families to seek relief. Through the case histories and other records concerning these families one would be able to, in this vicarious way, interview say, one thousand families and learn the reason of their poverty. Statistics of this kind are being collected in many places and reveal a good deal of uniformity as to results. If a large number of cases are taken, a fairly constant ratio is found to prevail. The social situation varies of course, and throws one factor and then another into prominence. Before Christmas, in Toronto, for example, out of 361 cases handled through the Central Office of the Neighborhood Workers' Association, only one had the handicap of unemployment, while 291 had illness as perhaps their most important disability. In January and February the cases due to illness dropped very considerably while the cases due to unemployment increased. In the records of the Neighborhood Workers' Association, 28 disabilities are listed. These vary greatly in importance. Widowhood is responsible for from seven to ten per cent. of the cases, while illness is responsible for from 50 to 60 per cent. Taken over a period of years and taking into consideration the results obtained from a number of cities, sickness is the largest and most important of the handicaps which force families below the poverty line. Adequate health measures are then, among the most effective means of combatting poverty. Of course, it is not only a cause, but is also a result, springing partly from industrial conditions. If sickness causes poverty, it is necessary to ask what causes sickness. The most important disabilities in the 290 cases handled through

the Central Office of the Neighborhood Workers' Association in February, are listed as follows: Of course one family may have more than one disability, so that it is difficult to assign the exact proportion of cases due to each cause.

Sickness of Breadwinner, 30; Specific Diseases, 3; Tuberculosis, 10; Other illness, 76; Old Age, 8; Blindness, 3; Other Physical Defects, 14; Feeble-mindedness, 8; Epilepsy, 3; Insanity, 2; Intemperance, 2; Begging, 11; Shiftlessness, 10; Sexual Immorality, 3; Illegitimacy, 5; Desertion, 23; Non-Support, 12; Dementic Incompetency, 18; Domestic Infelicity, 8; Unemployment, 53; Unemployable, 17; Low Wages, 52; Imprisonment, 5; Industrial Incompetence, 5; Dependent Children, 63; Bad Housing, 8; Non-Adjusted Immigrant, 3; Influenza and Pneumonia, 34.

If these are the causes of poverty, what should be its treatment? Under this heading, of course, only the widest generalizations are possible. There can be no single solution to this problem. The treatment must be as varied as the disease. The whole social programme, so diverse in its specialized treatment of specific problems, is operating in drying up the springs of poverty. There is no one measure which will strike at the root of poverty, for poverty has many roots. Prohibition has not eliminated poverty, but it has helped the problem greatly. It has largely eliminated those cases which had intemperance as the casual factor. Mother's Allowances are urgently needed, and will do a great deal of good. They will not, however, extirpate poverty, but only that eight to ten per cent, of it which arises through widowhood. Better care of the feeble-minded will eliminate some of the most hopeless cases with which the social worker tries to deal. These measures will, however, only reduce the amount and not do away with it entirely. Poverty is a product of the whole social system. Poverty is one of the by-products of the laboratory of community life and every weakness of the social order registers automatically here.

Poverty is then, partly a health problem, partly an economic problem and partly a problem of education. Anyone who is making a contribution in any one of these fields is helping to solve the problem of poverty. A rough classification of the ways in which a solution of the problem is being sought, may be made as follows:

1. Stimulus of the individual and family. Even under present social conditions a great deal can be done to reinforce the will and initiative of the individual, to awaken the ambition, inculcate thrift and to cultivate the habit of self respect and independence. The churches, the social case worker, the friendly visitor, have here a

very important work to do. Religious influences are exceedingly helpful when reinforced by a genuine and intelligent friendship. The radical is accustomed to turn a coldly critical eye upon this type of work, but when properly done, it is constructive and helpful in much the same way as the work of the physician and nurse.

2. The readjustment of the educational system in the way of technical education, vocational guidance, and the prolongation of the period during which education is made compulsory. The result of this will be to decrease the number of boys and girls who drift into dead end occupations and become unskilled workers. The unskilled worker becomes the ill paid casual worker and from there the drift into poverty and dependence is easy. The margin of safety is always small and any serious family misfortune plunges them over the line. Anything then which diminishes the number of unskilled workers, diminishes the volume of poverty.

3. The great emphasis now being placed upon public health measures points to a very effective way of eliminating poverty. Ill health is the largest single cause and forms a very large percentage of the whole. Anything then in the way of preventative or curative medicine operates to keep down the amount of poverty in a community. There would be a much greater amount of dependence and poverty in Toronto, for example, were it not for its well organized Health Department, and other health resources of the city. The next ten years will undoubtedly see a very great increase in the efficiency of the organizations and measures aimed to guard the health of the people and increase their physical vitality. Health is rapidly becoming a public function in the same sense that education now is. The physician will become an official of the state.

4. Growth in the amount of community owned property. Poverty indicates a dearth of the things of the spirit, as well as of material things. There have been of recent years tremendous additions to the property owned by the community and as such open to use by the poorest. The extension of the free library, parks, playgrounds, picture galleries, museums, community music, etc., open to the poorest avenues of the wider life which were formerly the privilege only of the well to do. The amount of actual property owned by a modern community is rapidly increasing, and it is constantly being used in a more democratic way on behalf of all the people. Public ownership of public utilities is operating in a somewhat different way to bring about the same result.

5. There is being built up in every advanced community a great code of social legislation, which is steadily curtailing the amount of

poverty and adding protections to those classes which stand closest to the border line; Health and Unemployment, Insurance, Old Age Pensions, Workmen's Compensation Acts, Prohibition, Mother's Allowances, Legal Protection and Community Care of the Feeble-minded, insane and totally disabled, Minimum Wage Laws, all operate in drying up the springs of poverty. This movement has barely begun in Ontario and will undoubtedly have a great expansion in the immediate future.

6. There are also the more purely economic and industrial readjustments. There is a marked improvement in the sanitation of factories and the physical surroundings under which men and women in indsutry must work. Hours of labor are being shortened, industrial accidents lessened and wages increased. To-day, the effort of organized labor is to obtain the six-hour-day. One hundred years ago labor was striving with much less hope of success for a 12-hour-day, the usual rate being 14 to 16 hours per day. The actual condition of the workers is being steadily improved, although there is just as much, or even more difference between the conditions of the very poor and the very rich as there ever was.

Public opinion, the trades union movement, the conscience (and sometimes the enlightened selfishness) of employers is operating in the direction of raising the standard of living. Lest we get too optimistic and complacent, however, a walk through the poorer quarters of any large city would cure us of a too easy optimism and thoroughly convince us that a vast amount remains to be done. The true social goal is the widest, fullest and most satisfactory life for all citizens. The trails have already been blazed toward this goal. It remains for us to develop a generation which will really use this knowledge for the freeing of mankind.

Sources of Information regarding the Family

DR. JAMES JACKSON PUTMAN says one of the most striking factors with regard to the conscious life of any human being is that it is interwoven with the lives of others. It is in each man's social relations that his mental history is mainly written, and it is in his social relations likewise, that the causes of the disorders that threaten his happiness and effectiveness and the means for securing his recovery are to be mainly sought.

A doctor before prescribing treatment for his patient must diagnose his case, and before he can diagnose he must, as it were, go through certain processes. So with Social Workers, there are

certain processes which lead to a proper diagnosis whereupon will follow the correct treatment.

In discussing an adequate investigation we thought only of the picture, as it were, without the frame. To-day we shall think of the frame or other sources. Surely we cannot think of our client's affairs as ever being ready for social treatment when no outside sources have been consulted. Such sources might be, relatives, neighbors, physicians, friends, employers, police, dispensaries, courts, nurses, health departments, lawyers, tradesmen, church members, marriage and birth records.

Upon the worker's own judgment must rest the decision which of these sources shall be seen first. In all families there is more or less a disability needing immediate treatment, and this will be a starting point. There are, however, a few principles laid down by social workers which should govern us in seeking information from such sources.

1st. Since in making our first investigation our object was to gain as much of the history of the individual members of the family as possible, so to, we must now strike out boldly for history, and avoid for the time being at least, those references whose point of view is most like our own. We cannot afford to lose a moment before consulting people who knew our client at his best.

2nd. We must select those sources which are likely to be rich in history only and then seek later those most likely to be rich also in co-operation.

3rd. We must seek out witnesses who have been able to make first hand observations in preference to those whose information is all second hand, that is do away with hearsay evidence.

4th. We must recognize the special value of supplementary clues, of clues, that is, to sources of information not revealed in the first interview or any subsequent one with the family group, but which come to light in the course of the inquiry. The source revealed casually is less likely to be prejudiced.

5th. We should think of sources in groups and tap each group for a new set of experiences.

6th. We should distinguish groups, all of whose members are apt to see eye to eye and in which consultation with one source may possibly suffice, from those in which there is likely to be diverse experiences within the group. For example, clergyman and church visitor, principal and teacher.

7th. We must recognize in contradictory evidence, and in total of evidence that reveals no plan of action, the need for further inquiry.

Let us remember also that it is well for outside sources to be seen by the same visitor, that has had the first interview with the family. A personal visit is always much better than a telephone call, and so examine more minutely some of those sources. Oftentimes the family object very strongly to our seeing their relatives. They may be prejudiced. They may assume more than they really know. Sometimes also there is a lack of understanding of the social situation and of social values. But on the other hand, the relatives to the Social Worker, mean a source of individual and family history, they are often a fountain-head of insight and what is more they are a source of backing and active co-operation. It is well to know more of the family history where there appears to be a question of tuberculosis, alcoholism, mental disorder, nervousness, epilepsy, cancer, deformities, or any exceptional ability, etc., etc. It does not always mean that the relatives are seen only with a view to gaining their financial assistance and support. The relatives have a moral right to be considered. Their claim is stronger than church or social agency. In this regard we would say, let us not be "Penny wise and pound foolish" and over emphasize the legal responsibility and thus under emphasize the social opportunity.

With regard to medical sources we would mention the physician, hospital, sanitorium, dispensary, medical social service department, nurses, and last, but perhaps, the most important, the public health departments. Here, again, there might be a discussion of pros and cons as sometimes there is a lack of social attitude, sometimes the diagnosis and prognosis conflict. Medical records are sometimes faulty. The two types of data—social and medical are complementary. There is a very strong social responsibility for early medical diagnosis, e.g.—break-down and vice a versa. The epidemic called for immediate social action. It is vastly important when the Workmen's Compensation Act, would need to be used.

For best family rehabilitation work it is well for the social worker to have the name of the disease and duration of illness and probable outcome. In consultation with such medical sources, we would come to some conclusion as to what social treatment would hasten the recovery and what would avoid recurrence.

When consulting schools we would wish to know the grade, scholarship, attendance, behavior, physical condition, mental condition, home care which the children might have, and the result of social treatment. This is a most important source where children are concerned.

Employers are other sources. We might put these into three classes, past, present, and prospective. Let us approach present employers most tactfully, and often times it might be well that these should not be seen at all. We can often gain splendid co-operation from past employers.

In the case of accidents let us be sure to obtain the other man's point of view and approach with unbiased mind. In work with a sailor, let us examine their books. Each English sailor has a record of time spent in the navy, this states the name of the Captain, boat he sailed on and time spent, and his conduct while on it.

Trade Unions and fellow workmen should be seen, Welfare Managers, store detectives, oftentimes employment offices.

We next come to documentary sources. Although some of us are very much opposed to having our families registered in an exchange our own names appear in many places, our birth, our standing at school, our inheritance, where there has been a purchase or transfer of property, marriages, fatherhood, death of friends; these are all public records. Physicians, dentists, insurance companies, banks, etc., all have some intimate facts neatly indexed and fyled, so that no matter how uneventful the life may be, or however retiring the disposition, one will find himself very much on record and will be still more so as the community becomes more highly organized. It is quite important that birth and death records be consulted. These may be seen in the family Bible, Baptismal certificate, passports, etc. These are recorded for the Province of Ontario and are kept at the Parliament Buildings.

Marriage and divorce records and proof of legal marriage is very necessary in cases of desertion and in separation and non-support cases.

The English form of Marriage Certificate bears a great deal of information. Relatives and their addresses, their occupation and also the occupation of the man and woman who were married are all stated on the certificate. The American death certificate also gives important information.

City Directories will help us in locating people, voting lists may be consulted, enlistment records, police books, property records, property, pension and bank accounts, immigration records, records of conduct. Newspaper fyles might often be consulted, year books of the city and religious denominations, social directories. The use of these documentary sources does not stir other people to prejudice or action. Public records are usually consulted through public officials. In searching these we must not limit ourselves to one spelling. Often times we must look for more than one name.

Then there are certain neighborhood sources which can be seen. In cases of child neglect, or immorality, it is well to see present neighbors. It is well also to visit past addresses and learn the character of the neighborhood in which family lived. Avoid in this work any gossip, the stirring up of any prejudice. Landlords must sometimes be seen. Agents collecting rents can oftentimes give information. Local tradesmen, such as the grocer or druggist. Perhaps a statement has been made that a certain woman has been drinking and the grocer or druggist may often be able to give information regarding this.

Sometimes the unusual source newly discussed and evaluated and then held in reserve, is one test of diagnostic skill.

May we briefly refer to such sources as police, city librarian, foreign councils. Then there are certain business sources which may be tapped—Fraternal Orders, which might be very valuable for financial co-operation.

Social Agencies as Sources.—Let us remember that working together in order to understand and achieve is always a more fruitful process than co-operating in order to co-operate. Some of us still make an investigation and form our plans and then assign to others a part of our work instead of taking other folk in at the beginning.

Different tests must be applied to evidence given by Social Agencies. Let us remember that they can supply their own social experiences with the family, and second, they can also supply objective data. From the church the social workers may gain personal experience rather than objective data. Let us respect clergymen and settlement workers' point of view if they hesitate to give testimony in court work. A second organizations time and efforts are saved if data gathered can be supplied, thus we see the value of records, a more important saving even, is the wear and tear of the sensibilities of the client, who might be harassed by endless questions, and we would naturally conclude that before working with a family we should learn what other organizations have known of the family. As has already been stated, we should, as the first step, upon the application of a client, learn what other agencies are acquainted with him. Discovery is made easy by the exchange of identifying data.

This brings us to the discussion of the Confidential Exchange. The exchange means better diagnosis, better treatment, better understanding among agencies and incidentally it has reduced duplication and has increased the sense of responsibility of the social

agency definitely in charge of the individual case, and has been, moreover, a real economy.

Miss Byington has summed up the exchange in the following words:—The mechanism of the exchange is an alphabetical index with a card for each family or unattached person known to the inquiring agency. This card gives the identifying information, name, age and occupation of the members of the family group, name and address of relatives sometimes, and names of agencies interested with the date on which each inquired. No facts whatsoever of the family history or treatment are included and gradually we are learning to substitute the word "Inquire" where formerly we used the word "Register." Some Social Agencies refuse to use the exchange because they say the relations with their clients are too confidential, but on the other hand, we should say that the use of the exchange protects the family. The Exchange is not a device for preventing over-lapping of relief, neither is it a benevolent detcctive agency, but it does conserve and render more efficient our service to an important section of the community.

As has already been stated in previous lectures, let us here, again, repeat that we inquire of the exchange before acting, instead of after. Neither Confidential Exchange, nor uniform record cards, nor the business-like agreements sometimes suggested by efficient experts who know little or nothing about Social Case Work, will succeed in eliminating supplementary investigation, but with such effective aids as thorough standard diagnosis, the slow development of sound technique reinforced by a thorough use of the Confidential Exchange, the duplication of investigation, and to which there can therefore be no reasonable objection, will gradually disappear. Since Social Agencies are all strong towards prevention and conconstruction in their work, let us refer our families as quickly as possible and let us do the work which we promised to de immediately.

Reconstruction in Industrial Life

ADDRESS BY DR. SAMUEL ZANE BATTEN, PHILADELPHIA

(*Continued from the March issue*)

We have affirmed our confidence in the democratic principle. Let us see to it that in the days to come, we interpret that in industry. We have tried to interpret it in political life. We have been told that democracy is Government of the people, by the people and

for the people. Now, if that is the definition of democracy in Government—and I think it is—then we must say that democracy in industry means industry of the people, it means industry by the people and it means industry for the people. Any system that depersonalizes the relations of men, and separates men into two groups is not a satisfactory system; is not a Christian system, it is not a finality, and you and I should not accept it. We should then set ourselves to work to find a more Christian, more democratic, more satisfactory order of society than that, and one of the first things is to recognize the fact that industry is of the people, grows out of the people, out of the life and co-operation of all the parties in that industry, and let us see from this time forward that industry consists of the investors, the managers, the workers, the public as partners. It is a partnership in the best and fullest sense of the term.

When we have affirmed that, we have gone a long way towards the light. We are not going to emphasize class distinction; we must not create class consciousness, but we must create social consciousness,—not to think in terms of one group of society, but to think in terms of all. One partner in industry is not to look at it from the point of view of his own interest, but from the point of view of all parties that in any sense are affected by that industry, and that simply means that industry is an enterprise that should be held to consist of all these parties—investors, managers, workers and the public.

Reference has been made this afternoon to Mackenzie-King's book on "Industry and Humanity." For some five years, as you know, he was Field Investigator for the Rockfeller Company. I should like to have known some of the inner history of the last five years. He has published a book that to my mind is one of the most significant books in our day, and it is written by a man who is well known by Canadians, and he is going to be better known by us on the other side of the line. That book, "Industry and Humanity," lays emphasis upon that fact.

By recognizing the fact that industry consists of all these parties, we will personalize the relations of men. We will bring them together, not as one class or one group, but as all parties.

You also remember that word of Sir Edward Grey, spoken in the House of Commons, May 24th, 1916,—words well worth remembering and they apply not only to the world struggle, but to industrial life—"I care not how often I say it, but this war might have been averted by a conference. Why was there no confernece? —because there was no good will."

Why do we have friction to-day in the industrial world?—because there is no conference, and there is no conference because there is no good will. And that was what brought on the Battle of Ludlow Bridge in the Colorado Mines Strike—no conference, no good will. Some four years ago, the man who held 52 per cent. of the stock in that mine came to feel that he must have some personal responsibility. He went out to Colorado; he tells it in his little book; he met the men in their homes, went down in the mines, met them in committees, and out of that has come the creation of what he calls the Colorado Plan of Industrial Democracy. Well, it is the beginning of Industrial Democracy; it is not the whole thing yet. He recognized the fact that there must be confidence, personal relationships, and when you have these you have the beginning at least of good will, and we will never have peace in the industrial world—and God forbid that we should have peace on any other terms than on terms of humanity, of personal relationships and good will and love. Then we will have the beginning of peace, and that is simply the interpretation in the industrial world of one aspect of democracy.

That is not all, but if we are to have democracy in industry at all—and remember that industry is held to consist of all of these partners—we are opposed to plutocracy in international relations; we are equally opposed to secret management in industry. The partners must have a knowledge of the partnership affairs. Being partners they must have a partner's voice in all questions that concern that enterprise. They must have a voice in the questions of the conditions of labor, hours of employment, discharge of employees and things of that kind—wages, too, if you will.

Now we must go just a step further than some of the plans of democracy would carry us. Many of them will go that far and will have a council representing all the partners to deal with the conditions of labor, recreation for children and so forth, but they will not touch the question of dividends. Now, men and women, we are never going to have democracy in industry until every question that concerns the enterprise is passed upon by all the parties. In other words, the time has passed, as Mr. Robert C. Ogden said some five years ago to some 600 representative business men, "The time has passed when one man sitting alone in his office can fix the wages of hundreds or thousands of men. One man, by his own vote, could settle the question of the wealth and welfare of thousands of families, but that time has passed. The worker is entitled to a voice." Mr. Ogden said that to 600 men of New York, and democracy can never mean anything less than that. Every partner

must have a partner's representation some where in the consideration of every question that concerns that industry.

If our democratic principle is followed in industry as in Government, then we must have industry of the people, by the people and for the people, and there must be such a sharing of the profits of that industry as shall be agreed upon by all the parties; that one man shall not be permitted by a democratic society to say, "This much I take first in the way of dividends," and then apportion the rest out in the way of interest and in the way of wages. Every question that concerns it will have to be passed on by the partners. That is going to mean that more and more the ownership of tools will pass into the hands of the people who operate them—and I believe we will move towards democracy just as fast as and just as far as we recognize that principle.

What are the next steps? The ultimate thing is full industrial democracy. We cannot put full democracy into operation to-morrow. That would wreck everything, but there are certain steps that lead in that direction, and the first thing is to have a constitution or charter for industry. The worker must have some written statement to which he can appeal, so that he is not dependent upon the good will or the ill will of one man or a few men. That is more or less charity; what we want is fundamental justice; something agreed upon by all; some charter or bill of rights that shall be an impartial arbitrator of common welfare to which all parties can refer and by which all questions shall be decided. That charter or bill of rights will have to do with conditions of labor; will provide means for the representation of all parties; it will provide that all these parties or their representatives shall pass upon all the questions and shall distribute the proceeds. There must be a guarantee on the part of the worker of some equity on his job, and should not be discharged without good reason—a reason at any rate that is covered in this bill of rights. In other words, this charter or bill of rights must cover the organization of that industry.

There are two or three other things; one is collective bargaining. I say it frankly, I do not see how the worker is to emancipate himself unless the workers are organized. I do not regard unionism as a finalty. If society were fully intelligent and fully democratic, labor unions would be just as unnecessary as an organization for fighting the purposes of the employers and manufacturers, but for the present, I believe as a preliminary in the practice of democracy, we must have collective bargaining. I do not see how the lot of the women workers can be very much advanc-

ed unless the women themselves agree to do team work and to organize as workers. But I believe it is our business as social workers to-day, to lay emphasis upon that fact and see that as a preparation for democracy, you must learn to think together and work together. You cannot have democracy until you have begun to do that, and just as long as women in industry are an individualistic as we find them at present, their rights are not going to be fully considered.

Then we must have a council representing all the parties in this enterprise that shall consider all the questions that arise. I touched on that a moment ago, and so I will pass it.

We may have an industry that within itself is fully democratic; that is, the employers and workers may meet in council and manage it among themselves. It may be fully democratic within itself and yet it might be destructive to the higher welfare of society. If that industry is to be democratic, it must come under the supervision and control of society. So democracy in industry applies then, not merely to the industry within itself, but to the relations of one industry to all the other industries in the world, and all other processes in society.

Then, there must be a preparation for citizenship in industry if we are to have full democracy. We might as well face the fact that a large proportion of the people are not efficient workers. They are not efficient as economic units. What I believe we should work for as social workers, always and everywhere, as the preparation for full democracy, is to create in the minds of the people efficiency, preparation for faithful, effective work as industrial citizens. That is going to mean, of course, general education, and more than that, it is going to mean some special training for their work. We must have scientific management not by a few, but we must have scientific preparation for efficiency in industrial life, and that, of course, comes back upon society itself.

Our business then is to re-interpret this principle of democracy and to see that democracy in industry means industry of the people, by the people, and for the people, and then resolutely set ourselves to the task of asking, what are the things that make for democracy in industry? And may we not say that is good which makes for cooperation, which makes for fellowship? May we not say that policy is good for the time and place which brings the workers together, and which on the part of those who are strong in industry, success to create power and effectiveness in all the other parties in that industry? In other words, the manager from this time forward holds some responsibility for his worker, and he must do

everything that lies in his power to prepare himself for full effective service, for citizenship and industry, as democracy recognizes its responsibility to prepare people for citizenship in the State. Then these words of our poet shall be realized:—

Then none shall work for money,
And none shall work for fame,
But each for the joy of the worker;
And each in his separate sphere
Shall draw the thing as he sees it,
For the good of things as they are.

C.A.M.C. News

MONTH OF MARCH, 1919.

Appointments (Canada).

Lieut.-Colonel Percy Keith Menzies, is posted for duty under the A.D.M.S., M.D. No. 2.

Major Robert Frederick Flegg, is appointed to a Permanent Conducting Staff, and attached to the Clearing Service Command.

Lieut.-Colonel Archibald Lorne Campbell Gilday, D.S.O., is appointed as acting D.A.D.M.S., M.C. No. 4, vice Major H. S. Muckleston.

Capt. Walter Lawson Muir, is posted for duty under the A.D.H.M.S., M.D. No. 6.

Capt. Gerald Shaw Williams is posted for duty under the A.D.M.S., M.D. No. 10.

Lieut.-Col. Ethelbert Browne Hardy, D.S.O., is posted for duty as Officer Commanding, St. Andrew's Military Hospital, vice Major T. D. Archibald.

Major Benjamin Leslie Guyatt is posted for duty as Officer Commanding Base Hospital, Toronto, vice Lieut.-Col. Etherbert Browne Hardy, D.S.O.

Capt. Louis Joseph Adolphe Mignault is appointed to the staff of the A.D.M.S., Embarkation, M.D. No. 6.

Lieut. Romeo Jules Vallee returns to M.D. No. 4 from M.D. No. 6.

Capt. William Goldie is posted for duty under the A.D.M.S., M.D. No. 2.

Major Harvey Lee Jackes is posted for duty under the A.D.M.S., M.D. No. 2.

Captain Harold St. Clair Wismer returns to M. D. No. 1, from M. D. No. 2.

Capt. Charles Edmund Flatt is appointed to a Permanent Conducting Staff, and attached to the Clearing Services Command.

Major Thomas Logan Towers is posted for duty under the A.D.M.S., M.D. No. 1.

Capt. Charles Francis Dunfield is posted for duty under the A.D.M.S., M.D. No. 1.

Capt. Arthur Martin is posted for duty under the A.D.M.S., M.D. No. 4.

Lieut. Garnet George Stonehouse is appointed under the A.D.M.S., Embarkation, and attached to the Clearing Services Command.

Capt. Roy Gordon Brain is posted for duty under the A.D.M.S., M.D. No. 1.

Captain Duncan Alexander Campbell is posted for duty under

Major Charles H. Robson is posted for duty under the A.D.M.S., M.D. No. 2.

Lieut.-Colonel Daniel Paul Kappele, D.S.O., is posted for duty as Officer Commanding, Brant Military Hospital.

Colonel Frederick Samuel Lampson Ford, C.M.G., ceases to be employed as A.D.M.S., Embarkation, and resumes duty in the branch of the D.G.M.S., Militia Headquarters, Ottawa.

Major William Boyd McMochnie is posted for duty at the Vancouver Military Hospital.

PROMOTIONS.

Capt. Ernest Herbert Young to be Major while commanding the Military Hospital, Cobourg.

Capt. Clarence B. Farrer to be Major, 11th March, 1919.

The following Lieutenants to be Captains:

Lieut. Roy Dickson Lindsay, 1st January, 1919.

Lieut. Daniel Alexander Carlyle, 1st December, 1918.

RETURNED FROM OVERSEAS.

Capt. A. E. Naylor, Capt. D. A. Campbell, Capt. D. Black, Capt. E. H. Marcellus, Capt. M. U. Valiquet, Major James Carlyle Fyshe, Major James Albert Dickson, Capt. William Lewis Colquhoun MacBeth, Capt. Henry Stephen Gooderham, Major Robert Flegg Colonel H. A. Bruce, Capt. C. K. Wallace, Colonel W. H. Delaney, Capt. F. B. Day, Lieut.-Colonel J. S. Jenkins, Capt. R. P. Borden, Major C. H. Robson, Major E. H. Mayhood, Major John Wesley Pilcher, Lieut.-Colonel G. E. Kidd, Capt. D. A. Warren, Major R. J. McEwen, Capt. C. L. Douglas, Capt. A. R. Alguire, Capt, L. P. Churchill, Capt. N. Monk, Capt. W. Hale, Major F. W. Tidmarsh, Capt. J. A. Reid, Major J. F. Irving, Major W. H. MacDonald, Major A. Beech, Capt. H. A. W. Brown, Capt. W. D. Cruickshank, Major K. E. Cooke, Capt. C. E. Hanna, Capt. R. F. Greer, Capt. H. V. Malone, Major J. A. Briggs, Lieut.-Colonel T. M. Leask, Capt. R. M. Harnie, Capt. (a.-Major) G. E. McCarteney, Capt. George Douglas Jeffs, Capt. W. C. Givens, Major (a.-Lieut.-Col.) C. Hunter, Major W. G. Lyall, Capt. J. Bilodeau, Capt. C. O. Banting, Major G. W. Hall.

RETIREMENTS.

The following officers have been struck off the strength of the Canadian Expeditionary Force, on general demobilization and various other reasons:

Honourary Lieut.-Colonel David Law.
Capt. William Cole.
Capt. Maurice Joseph Vignoux.
Capt. Horace John Haslett.
Major James Albert Dickson.
Capt. William Lewis Colquhoun MacBeth.
Capt. Henry Stephen Gooderham.
Capt. Ernest Samuel Moorhead.
Major George Carleton Hale.
Capt. Albert Franklin Mavety.
Major Harold Struan Muckleston.
Lieut.-Colonel Norman Victor Leslie.
Major Joseph Damase Page.
Lieut.-Colonel Wellington Howard Reilly.
Major Horace Weldon Coates.
Capt. Leeming Anderson Carr.
Colonel Charles Ayre Peters.
Capt. Wilfred Joseph Harringer.
Capt. Patrick Herman McNulty.
Capt. Benjamin Amedee Le Blanc.
Major Stuart McVicar Fisher.
Capt. Thomas Harold Douglas Storms.
Capt. Donald Thomas Evans.
Lieut.-Colonel Reginald Stirling Pentecost.
Major George May Foster, M.C.
Major John William Hutchinson.
Major Clive Augustus Staples.
Major Robert James McEwen.
Capt. Beresford Harty Thompson.
Capt. Allen Bernard Greenwood.
Lieut. Charles William Duck.
Colonel Henry Raymond Casgrain.
Major James Ernest McAskill.
Capt. Norman Monk.
Capt. Charles Sears McKee.
Capt. David Scott Johnstone.
Colonel James Henry Wood.
Lieut.-Colonel Charles W. Vipond.
Capt. Van Arsdale Blakslee.

Mr. Justice Hodgins' Report to the Ontario Government on the Venereal Disease Situation

THE following is a copy of a portion of the report made by Mr. Justice Hodgins, a Commissioner appointed by the Ontario Government to investigate Venereal Diseases. This report was presented to the Legislature during the present session:

In this connection, mention may be made of a matter which is partly one of general war policy, but affects the situation in a marked degree. Salvarsan, a medical necessity, under various names, in dealing with venereal diseases, is protected by a German patent. In Canada, only two licenses to manufacture it have been granted, and in each case 5% on the gross sales has been reserved, presumably for the ultimate benefit of the German owners. Only one licensee, the Synthetic Drug Company, has made any progress in producing it, although the licenses were granted in 1914, and the Patent Commissioner has refused to allow the Provincial Board of Health in Ontario to manufacture it. The reasons for this refusal are stated in the judgment of the Deputy Commissioner of Patents dated 12th July, 1917, as follows:

"In view of the public service rendered by the Synthetic Drug Company as above mentioned the curtailment of their market by the granting "of an additional license at the present time would be an injustice to them and the public interest would not be served thereby.

"It was apparent at the hearing that the present application for a license was for the purpose of enabling the applicant to control the prices charged by the Synthetic Drug Company rather than for the purpose of enabling him to manufacture the product."

The Deputy Commissioner thought that $1.25 for the ordinary dose of 0.6 gram. or nine grains, if ordered in quantities, with proportionate prices for other doses, was reasonable, as prior to the war the wholesale price of this drug was $2.10 for the 0.6 gram. dose.

In reference to the first reason assigned by the Deputy Commissioner of Patents, I may say that on examination before me, Mr. Stuart Roy McEwan, Treasurer and Sales Manager of the Synthetic Drug Company, admitted that their profits were chiefly made out of their foreign trade, and so far as Canada was concerned they were not so much concerned with the price to be made here,

providing those who made and sold salvarsan kept out of the foreign trade. The comparative prices and the volume of foreign and home trade will be found after Mr. McEwan's testimony, among the evidence transmitted herewith.

The result of so dealing with this indispensable drug has been that this essential remedy for a national evil can only be obtained on the terms of a royalty reserved as above stated, and at a price fixed by one firm who have a practical monopoly in manufacturing it.

This consideration for the patentees is no doubt a matter of State policy, but the refusal of a further license, in view of the present great demand for salvarsan is a national mistake, unless the Federal Government is prepared itself to undertake its production on a large scale. This matter ought, in my opinion, be made the occasion of a strong representation to the Dominion Government, who perhaps have not had before them the fact that this remedy is now and will hereafter be needed in large and increasing quantities, so that licenses should be immediately available to any Provincial authority or to those capable of manufacturing it in quantities and of a quality necessitated by the great demand.

It is not merely a political or commercial question. The individual dose, if expensive, will prevent the great bulk of those affected from participating in its benefits. To its first cost is added the chemist's percentage, and the physician's fee for administering it. Little calculation is required to show that the success of any campaign against venereal diseases depends largely upon free or inexpensive treatment, and if the cost of salvarsan be maintained at its present level, the cure of venereal diseases will be retarded because the cost of the only present known remedy.

The Federal Government, if the matter were properly presented to it, might see its way to undertake the manufacture of this drug itself, supplying it free of cost to the provinces which established a proper system for its effective distribution and use.

The British Government in May, 1918, passed a regulation under the Defence of the Realm Act permitting any person to purchase, sell or distribute salvarsan and similar remedies without being liable to an action for the infringement of any patent.

Some public consideration was given to this subject by a Committee of the United States Senate, to whom was referred the petition of the Mayo Surgical Institute of Rochester (New York) asking that salvarsan patents be thrown open to the public. In their petition the Mayo Institute said:

"The sale of salvarsan in this country is controlled absolutely, both as regards name and methods of manufacture, by patents owned in Germany and controlled in this country by the Farbwerke-Hoechst Co., of New York City, of which one H. A. Metz is president.

"Salvarsan has been successfully manufactured in this country under the direction of the dermatological research laboratories of the Philadelphia Polyclinic, of which Prof. J. Frank Schamberg is director.

"The price of salvarsan as regulated by the Farbwerke-Hoechst Co., is a glaring example of a commercial monopoly reaping enormous profits at the expense of sickness and misfortune. It has been repeatedly stated by Prof. Schamberg that the drug can be placed on the market profitably and under appropriate governmental control at $1 a dose instead of $4.50, the price fixed by the holders of the patent rights.

"The prices which they maintain are prohibitive for a large body of sick and will effectually throttle a public campaign against syphilis as a disease until such time as the patents expire or are abrogated by Congress.

"We submit, further, that if it is unwise to permit commercial control of the public health in time of peace, it is doubly unwise to permit it at a time when the country is bending its energies to prepare for and successfully wage war. The protection of the Army and Navy from the ravages of this disease, which has long been recognized by physicians and laymen as a more serious menace to the manhood of a nation than many of the devices of an enemy, demands an abundant and cheap supply of this drug available not merely to governmental agencies but to all physicians, for use both among mobilized troops and in the civil population. The prevention of a devastating epidemic of syphilis during and after the war demands that from the first moment of mobilization until at least some years after the discharge of the last man at the close of the war, the medical profession of this country be able to employ salvarsan in treatment in amounts unlimited by any consideration of cost as dictated by the ideas of private monopolists representing alien interests in control of the supply of the drug."

The Senate Committee held a meeting on the 4th day of June, 1917. Mr. Metz attended and was heard. He was answered by Prof. George Walker, formerly associate in surgery in Johns Hopkin's University, and now chairman of the committee in charge of the University Clinic for syphilis. Dr. S. C. Vaughan, Dean of the

Department of Medicine and Surgery in the University of Michigan, and Dr. Janeway, Hospital Physician at Johns Hopkins.

Mr. Metz, who claimed to have the right from the German patentees to manufacture salvarsan in the United States of America, was questioned by the committee as to the cost of production. He did not seem very willing to answer the question, but finally the following figures were admitted by him: 50c. an ampoule, apart from salaries and overhead expense, which, including profit, he put at $1.00 per ampoule, but he was unable or reluctant to state just what proportion of the $1.00 was profit and how much was overhead expense. But his price to physicians was, he said, $1.50.

In opposition to this, the doctors whose names I have mentioned, put the cost of production at from 25c. to 35c., and the selling price at 50c. per dose, but it is not clear whether they included overhead charges or not. Dr. Janeway stated that the Health Officer of the State of Massachusetts assured him that he had succeeded perfectly in making it at a cost of about 35c. per dose.

I am told that the Rockefeller Institute in New York are now experimenting and hope to be able to produce it at 25c. a dose of 0.6 grammes, but that, of course, will be without taking into account overhead charges. The price now established by the Synthetic Drug Co. as appears by their returns made to the Dominion Government is as follows: $2.00 for the 0.6 dose to hospitals and dealers who take 1,000 tubes, with a discount of 50%, making the net price to these purchasers $1.00. Other prices are in proportion. They offered to name a lower price to the Ontario Government if advised in what quantities salvarsan will be required.

On the 4th July, 1918, the Health Officer of Nova Scotia passed a resolution at their meeting asking that all restrictions be removed which would prevent the health authorities in Nova Scotia or any other province from making salvarsan for public health work.

The Federal Health Bill

2nd Session, 13th Parliament, 9-10 George V, 1919.

THE HOUSE OF COMMONS OF CANADA

BILL 37.

An Act respecting the Department of Health.

HIS Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:—

1. This Act may be cited as *The Department of Health Act.*

2. There shall be a Department of the Government of Canada which shall be called "The Department of Health," over which a Minister of the Crown to be named by the Governor in Council shall preside.

3. (1) The Governor in Council may appoint an officer, who shall be called "the Deputy Minister of Health," who shall be the deputy head of the Department and who shall hold office during pleasure.

(2) Such other officers, clerks and employees as are necessary for the proper conduct of the business of the Department may be appointed in accordance with the provisions of *The Civil Service Act,* 1918, and of any Acts in amendment thereof, all of whom shall hold office during pleasure.

(3) The Governor in Council may, subject to the provisions of *The Civil Service Act,* 1918, or any amendment thereto, transfer to the Department of Health any officer, clerk or employee now in the employ of His Majesty or of either or both Houses of Parliament, and subsection two of section seventeen of the said Act shall not apply to such transfers, and the money voted by Parliament for the financial year ending the thirty-first day of March, one thousand nine hundred and twenty, applicable to the payment of the salary or the increase of salary of any such officer, clerk or employee so transferred shall be available for the payment of his salary or increase of salary or the salary of any person appointed in his place in case of his death, retirement or dismissal while serving the Department of Health, in the same manner and to the same extent as if such officer, clerk or employee had not been so transferred.

4. The duties and powers of the Minister administering the Department of Health shall extend to and include all matters and questions relating to the promotion or preservation of the health and social welfare of the people of Canada over which the Parliament of Canada has jurisdiction; and, without restricting the generality of the foregoing, particularly the following matters and subjects:—

(a) Co-operation with the provincial, territorial, and other health authorities with a view to the co-ordination of the efforts proposed or made for preserving and improving the public health:

(b) The conservation of child life and child welfare;

(c) The inspection and medical care of immigrants and seamen, and the administration of Marine Hospitals;

(d) The supervision, as regards the public health, of railways, boats, ships and all methods of transportation;

(e) The supervision of Federal public buildings and offices with regard to the health of the Civil Servants and other Government employees therein;

(f) The enforcement of any rules or regulations made by the International Joint Commission, promulgated pursuant to the treaty between the United States of America and His Majesty relating to boundary waters and questions arising between the United States of America and Canada, so far as the same relate to public health;

(g) The administration of the statutes mentioned in the Schedule to this Act, and of Acts amending the same, and also of all orders and regulations passed or made under any of the said Acts; and all the duties and powers of any Minister of the Crown under either of the said Acts or any of the said orders or regulations, are hereby transferred to and conferred upon the Minister of Health;

(h) The collection, publication and distribution of information to promote good health, and improved sanitation;

(i) Such other matters as may be referred to the Minister by the Governor in Council.

5. The Governor in Council shall have power to make such regulations as may be necessary to give effect to and carry out the objects of this Act, and to impose penalties for any violation of such regulations.

6. There shall be a Dominion Council of Health consisting of the Deputy Minister of Health, who shall be chairman, the chief executive office of the Provincial Department or Board of Health of each Province, and such other persons, not to exceed three in number, as may be appointed by the Governor in Council, who shall

hold office for three years. The Dominion Council shall meet at such times and places as the Minister may direct, and shall be charged with such duties and powers as the Governor in council may prescribe.

7. The Minister shall annually lay before Parliament, within fifteen days after the meeting thereof, a report and statement of the transactions and affairs of the Department during the year then next preceding.

SCHEDULE.

REVISED STATUTES OF CANADA, 1906.

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STATUTES OF 1908.

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The Acts in amendment of any of the foregoing Acts.

Editorial

Diphtheria Deaths

DIPHTHERIA deaths are preventable. There were thirty-two such deaths in the Province of Ontario during March of this present year. These deaths might have been prevented. Every effort is made by the Provincial Board of Health to accomplish this by the provision of free laboratory service and by the free distribution of Diphtheria Antitoxin. Upon whom rests the responsibility?

A recent investigation carried out for the Massachusetts State Department of Health by Dr. Carey, probably furnishes the explanation. One thousand deaths were investigated; 62% of the deaths were in children under 5 years of age and approximately 24% of all these fatal cases were not seen by a physician until after they had been ill for one week!

It is the urgent duty of all local health authorities to impress upon parents the necessity of calling the doctor, in every cases of sore throat in young children. To delay is to enormously increase the danger of the child's losing its life; every parent should be aware of this fact; every local health authority should do everything possible to disseminate such information broadcast and should repeat the warning at regular, frequent intervals. "No deaths from Diphtheria" should be one of the aims of every community truly concerned in regard to the welfare of its members; every diphtheria death is preventable!

JOINT MEETING

OF

Canadian Public Health and Ontario Health Officers' Associations

AT

Toronto, on May 26th, 27th and 28th.

Opposition to the Federal Department of Health

THE attention of the PUBLIC HEALTH JOURNAL has been drawn to editorial utterances of the Ottawa *Citizen* of March 14th, and the Ottawa *Journal* of March 19th.

The editorial in *The Citizen* is entitled, "The Doctor *vs.* Public Health." The gist of the thesis of the writer in *The Citizen* is contained in the following quotation from the article in question: "The doctor's function, as everybody knows, is to treat individual disease, or at best, to advise individual patients how to act in order to avoid disease. . . . The conservation of public health on the other hand is the function of Sanitary Science. It consists mainly of maintaining healthful conditions in the matter of water supply, town-planning, plumbing, purity of food supply, etc., conditions which, when ideal, eradicate largely the cause of individual disease. In other words, the sanitary engineer's business is to remove the cause of disease, while the doctor's business is to treat the effect largely arising from unsanitary conditions." It is also claimed that the bill to create a Federal Department of Health is an attempt on the part of "allopathic" doctors who practise "inoculation and vaccination" to undertake measures which would be deleterious to the public interest.

The obvious ignorance of the elements of Hygiene and Preventive Medicine displayed by the writer of this editorial would seem to render it unnecessary for us to point out to our readers that no honest desire to better public health conditions in Canada inspired this attack on the bill to create a Federal Department of Health. Such a desire is evidently beyond the comprehension of those responsible for the editorial opinion of *The Citizen*.

Those least informed in regard to Social Service movements everywhere, realize that the highest, most unselfish function of the physician is not to wait until the patient is ill and then endeavor to treat the "individual disease," but to do everything in his power to so carry on his work that disease may be detected in its incipiency and preventive measures adopted to arrest its further progress and also, if communicable prevent its further spread.

If this writer in *The Citizen* will make a most cursory examination of morbidity and mortality statistics it will be glaringly ap-

parent that the services of all the most eminent sanitary engineers on this continent will not serve to diminish the death rate due to organic heart disease, pneumonia, tuberculosis, cancer or apoplexy and these are the five principal causes of death. And obviously the diseases such as diphtheria, for which we have a sovereign remedy and syphilis for which there are also specific substances of the highest value in prevention and treatment are outside the sphere of influence of all other than the modern, well-trained scientific physician.

Such a physician recognizes no schools or cults; he is concerned with the causes of disease, and with efforts designed to control and ameliorate or cure them. His primary and chief interest is to lessen by every means in his power the number of premature deaths now annually recorded in Canada, due chiefly to ignorance and to malicious distortion of the truth, as exemplified in the above editorial.

Honest, constructive criticism of every measure put forward in the public interest should be welcomed, but malevolent misrepresentation of a plan unselfishly conceived and supported by those whoe momentary interest can be subordinated to their aim to advance the welfare of the mass of the people; is most reprehensible, but is apparently all *The Citizen* has to offer.

The *Journal* fears that the creation of the new Federal Department will encroach on provincial rights. This is an unjustifiable fear. The Dominion has definite functions in reference to the public health to perform and these can be more efficiently carried out if all departments or branches of government concerned are co-ordinated and act under one rather than under several ministers. Unity of direction is essential.

The Department is not concerned with the question of medical standards or the views of those who profess to heal by any scientific or other method. It is concerned with those things in our every day lives which make for ill-health, destitution and unhappiness. Concerned with methods which may serve to minimize the opportunity of your child, dying of some preventable disease; with your wife dying of preventable cancer, with the possibility of some one near and dear to you contracting a venereal disease, and finally concerned with seeing to it that those who later are admitted to the privileges and duties of Canadian citizenship may be worthy of the sacrifices made by Canadians of this generation, on the blood-stained fields of Flanders.

If the Federal Department of Health bill is wisely drawn and passes into law and faithfully administered, it will be one of the few Acts of any Canadian Parliament designed to aid each and every one of us without regard to race, color or religion. Of mutual benefit to the rich and poor alike, and one with which no selfish motive whatever is associated. The Honourable Mr. Rowell will achieve a real triumph if he is successful in convincing the House of Commons of the fact that truth will ultimately prevail in this field of benevolent effort, as in every other.

The Provincial Board of Health of Ontario

Cases and Deaths from Communicable Diseases reported by Local Boards of Health for the Month of March, 1919

THE reports of Secretaries of Local Boards of Health for the month of March show Scarlet Fever and Diphtheria prevails to a much greater extent than in the corresponding month of 1918. The cities where the increase for the last few months in Diphtheria is most noticeable are Toronto, Ottawa and Windsor. Scarlet Fever also has been prevalent in Fort William for some weeks. The Provincial Board of Health has distributed free of charge where Diphtheria prevails 25,946,000 units of Antitoxin at a cost of $3,891.00. The number of deaths from all causes reported by the undertakers are 2,895.

COMPARATIVE TABLE.

Diseases.	1919. *March.* *Cases.*	*Deaths.*	1919. *March.* *Cases.*	*Deaths.*
Smallpox	39	1	47	1
Scarlet Fever	445	10	339	9
Diphtheria	413	48	347	23
Whooping Cough	69	4	259	2
Measles	39	0	1,256	15
Typhoid	13	3	27	4
Tuberculosis	242	196	101	71
Infantile Paralysis	0	0	0	0
Cerebro-Spinal Meningitis	18	12	17	10
Meningitis	15	15	0	0
	1,293	289	2,393	135

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH.

	Cases. *March* 1919.	*February* 1919.
Syphilis	97	85
Gonorrhoea	183	153
Chancroid	4	5
	284	243

NOTE.—Hereditary Syphilis caused 5 deaths of babies under 5 months old.

SMALLPOX CASES FOR MARCH, 1919.

Toronto	1
Ottawa	16
Belleville	1
Port Dover	4
Milton	1
Cobalt	1
Wilmot Tp.	1
Moore Tp.	1
Hawkesbury E.	2
Hawkesbury Village	1
Westmeath Tp.	2
Rolph, Etc.	4
Oliver Tp.	1
Ashfield	3
	39

Spanish Influenza and Pneumonia—Deaths for 6 months

Spanish Influenza is fast disappearing from the Province, as indicated by the decrease in deaths for the month of March. Since the first of October the epidemic has been either the primary or contributory cause of nearly 10,000 deaths in the Province. It will be observed in the deaths for March, Pneumonia caused 133 more deaths than Spanish Influenza.

DEATHS BY MONTHS.

October	3,015
November	2,608
December	1,568
January	1,512
February	812
March, Influenza, 285	
" Pneumonia, 418	703

Cities and towns reporting the most deaths for March:

Toronto, 56; Hamilton, 29; London, 4; Sault Ste. Marie, 10; Ottawa, 8; St. Catharines, 7; Woodstock, 5; Fort William, 17; St. Thomas, 2; Chatham, 2; Sarnia, 3; Stratford, 4; Niagara Falls, 3; Sudbury, 2; Mattawa, 2; Timmins, 2; Wallaceburg, 2; Paris, 3; Chesley, 2; Carleton Place, 2; Hastings Village, 2; Port Dover, 4; Oshawa, 2; Lancaster, 2; Windsor, 11; Vankleek Hill, 4.

The American Journal of Public Health reports as follows April, 1919):

At the Boston City Club recently, Dr. E. R. Kelly, who presided, summarized the accomplishments of the campaign waged by the Massachusetts Health Department against venereal diseases during the past year. Twelve thousand cases of venereal diseases were reported. Of these 3,500 were cases of syphilis and 8,500 of gonorrohoea. Reporting of cases is done entirely by the use of numbers instead of names. Free treatment is offered to those who cannot pay. Arsphenamine is employed for this purpose. This chemical is manufactured by the state at the cost of about 25 cents a dose. It is estimated that 100,000 to 150,000 doses can be manufactured a year. Before the war, salvarsan cost $4.50 a dose. The development of arsphenamine is the result of special researches carried out under the direction of the Massachusetts Health Department. The State Health Department of New York has also a Federal license. Arsphenamine is a chemical product identical with salvarsan and diarsenol.

The following biological products were supplied by the Provincial Board of Health, Ontario, during the month of March, 1919:

Smallpox Vaccine	13,480 Points
Diphtheria Antitoxin	25,956,000 Units
Diphtheria Antitoxin	1,024 Syringes
Anti-Meningitis Serum x 20 c.c.	134 Vials
Anti-Meningitis Serum x 20 c.c.	11 Outfits
Tetanus Antitoxin	40,500 Units
Tetanus Antitoxin	9 Syringes
Pasteur Preventive Treatments	1 Patient

Preliminary Programmes

JOINT CONGRESS

of the

8TH ANNUAL CONGRESS, CANADIAN PUBLIC HEALTH ASSOCIATION

8TH ANNUAL MEETING, ONTARIO HEALTH OFFICERS' ASSOCIATION

TORONTO.

MAY 26TH, 27TH AND 28TH

1919.

Convention Headquarters, Physics Building, University of Toronto.

PRELIMINARY PROGRAMME OF THE GENERAL SESSIONS.

Registration, 9 a.m.—10.30 a.m.

FIRST SESSION.

Monday, May 26th: 10.30 *a.m. Auditorium, Physics Building.*

Opening Remarks—Lt.-Col. J. W. S. McCullough, *Chief Officer of Health, Ontario, Toronto.*

The Federal Department of Health—Michael Steel, M.D., M.P., *Tavistock, Ont.*

State Health Insurance—C. J. C. O. Hastings, M.D., M.O.H., *Toronto.*

SECOND SESSION.

Monday, May 26th: 2 *p.m. Auditorium, Physics Building.*

Opening of Congress—His Excellency the Duke of Devonshire.

Presidential Address—Dr. J. A. Hutchinson, *Westmount, Que.*

Symposium on Influenza.

Eitology, Epidemiology, and Incidence of Influenza—Dr. W. H. Frost, *Surgeon, U. S. P. H. Service, Washington, D.C.*

Sera and Vaccines in the Prophylaxis of Influenza—Dr. Augustus Wadsworth, *Director, Div. Laboratories and Research, State Dept. of Health, Albany, N.Y.*

Measures in the Control of Influenza—Lt.-Col. J. W. S. McCullough, *Toronto.*

THIRD SESSION.

Monday, May 26th: 8.15 *p.m. Convocation Hall, University of Toronto.*

Mental Hygiene—Col. Thomas W. Salmon, *Medical Director U. S. National Committee for Mental Hygiene, Washington, D.C.*

FOURTH SESSION.

Tuesday, May 27th: 2 *p.m., Auditorium, Physics Building.*

Address—Dr. A. D. Blackader, *Montreal, Que.*

Address—J. Prentice Murphy, *Secretary, Childrens' Aid Societies, Boston, Mass.*

Address—Dr. Gordon Gallie, *Toronto.*

Discussion.

Adjournment at 4 p.m. Reception will be tendered to the Delegates, by the Directors of the Royal Ontario Museum.

FIFTH SESSION.

Tuesday, May 27th: 8.15 *p.m. Convocation Hall, University of Toronto.*

A Social Hygiene Programme for Canada.

Address—W. H. Zinsser, *Chairman, Social Hygiene Division, Training Camps Activities Commission, Washington, D.C.*

Address—Raymond B. Fosdick, *Chairman, Training Camps Activities Commission, Washington, D.C.*

SIXTH SESSION.

Wednesday, May 28th: 2 *p.m. Auditorium, Physics Building.*

Our Canadian Girl, Some Suggestions in the Reconstruction of her Adolesence. Hon. Wm. F. Roberts, *Minister of Health, New Brunswick.*

"Community Nursing"—Miss K. Olmstead, *Extension Secretary, National Association for Public Health Nursing, Chicago, Ill.*

Discussion.

Business Meeting.

Adjournment at 4 p.m. for motor drive around the city.

PROGRAMME OF THE SECTION OF SOCIAL HYGIENE.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.*

The Control of Venereal Diseases.

Chairman's Address—Capt. Gordon Bates, C.A.M.C., *Toronto.*

Duties of Municipal Health Authorities in Regard to the Ontario Venereal Diseases Act—M. B. Whyte, M.D., *Director of Medical Services, Department of Health, Toronto.*

The Rôle of the Laboratory—H. K Detweiler, M.D., *University of Toronto.*

The Value of Social Service Work—Mrs. L. A. Hamilton, *Toronto.*

SECOND SESSION.

Wednesday, May 28th: 9.30 *a.m. Physics Building.*

Joint Session with the Section of Mental Hygiene.

PROGRAMME OF THE SECTION OF MENTAL HYGIENE.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.*

Chairman's Address—Lieut.-Col. C. K. Russell, *Montreal, Que.*

Symposium on "Mental Hygiene and Immigration."

(a) Dr. W. H. Hattie, *Provincial Officer of Health, Nova Scotia.*

(b) Dr. C. K. Clarke, *Medical Director, Canadian National Committee for Mental Hygiene.*

(c) Major J. D. Pagé, *Director of Immigration, Port of Quebec.*

(d) Dr. A. H. Desloges, *General Medical Superintendent of Insane Asylums of the Province of Quebec.*

(e) Dr. Gordon S. Mundie, *Associate Medical Director, Canadian National Committee for Mental Hygiene.*

SECOND SESSION.

Wednesday, May 28th: 9.30 *a.m. Physics Building.*

Joint Session with the Section of Social Hygiene.

The Prostitute and the Community.

(a) The Rôle of the Reformatory—Mrs. O'Sullivan, *Mercer Reformatory, Toronto.*

(b) The Rôle of the Police Court.

(c) The Rôle of the Jail Physician.

(d) Psychiatric Considerations, discussed by—Miss M. Kniseley, *Head Worker, Social Service Department, Toronto General Hospital;* Miss E. Moss, Psychiatric Social Worker, *Toronto General Hospital;* Dr. C. M. Hincks, *Associate Medical Director and Secretary, Canadian National Committee for Mental Hygiene.*

(e) Preventive Measures—Representative of the "Committee of Sixteen," *Montreal, Que.*

PROGRAMME OF THE SECTION OF LABORATORY WORKERS.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.*

Chairman's Address—The Development of the Public Health Laboratory. Professor J. J. Mackenzie, *University of Toronto.*

Institutional Syphilis—F. W. Luney, *Institute of Public Health, London, Ont.*

The Use of Type I Anti-Pneumococcus Serum—Capt. W. R. Hodge, *Connaught Antitoxin Laboratories, University of Toronto.*

The Bacterial Count as a Check in the Canning of Meat—J. A. Allan, *Ontario Veterinary College, Toronto.*

Experimental Studies in Anterio Poliomyelitis—H. L. Abramson, *Director of Laboratories, New Brunswick.*

The Bacteriological Laboratories, at the Ontario Agricultural College—D. H. Jones, *Professor, Bacteriology, Guelph, Ont.*

SECOND SESSION.

Wednesday, May 28th: 9.15 *a.m. Physics Building.*

The Bacteriology of Swelled Canned Sardines—Wilfred Sadler, *Vancouver, B.C.*

Protein Sentisation from Parasites—Seymour Hadwen, *Biological Laboratories, Department of Agriculture, Ottawa, Ont.*

Visit to Connaught Antitoxin Laboratories, Downsview, Ont.

PROGRAMME OF THE SECTION OF CHILD WELFARE.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.*

Chairman's Address—D. J. Evans, M.D., *Montreal, Que.*

Report of the Secretary—Lionel Lindsay, M.D., *Montreal, Que.*

Reports of the Various Committees.

Committee No. 1. Obstetrics—Gordon Gallie, M.D., *Toronto.*

Committee No. 2. Pediatrics—Lionel Lindsay, M.D., *Montreal.*

Committee No. 3. Propaganda—Heber C. Jamieson, M.D., *Edmonton.*

Committee No. 4. Vital Statistics—Helen MacMurchy, M.D., *Toronto.*

SECOND SESSION.

Wednesday, May 28th: 9.30 *a.m. Physics Building.*

Report of Committee "Rural Communities"—Miss M. Power, *Toronto.*

Round Table Discussion of this Report.

PROGRAMME OF THE SECTION OF MEDICAL OFFICERS OF HEALTH.

FIRST SESSION.

Tuesday, May 27th: *Auditorium, Physics Building.*

Presidential Address of the Ontario Health Officers' Association—G. R. Cruickshank, M.O.H., *Windsor, Ont.*

Some Observations on Diphtheria—W. S. Downham, M.O.H., *London, Ont.*

Sanitation of Rural Residences and Institutions—Professor P Gillespie, *University of Toronto.*

The Public Health Officer and His Relation to Public Health in Ontario—S. E. L. Thompson, M.D., *Kingston, Ont.*

SECOND SESSION.

Wednesday, May 27th: 10 *a.m. Auditorium, Physics Building.*

Some Observations of the Recent Epidemic—H. O. Howitt, M.O.H., *Guelph, Ont.*

Some Problems for the New M.O.H.—D. V. Currey, M.O.H., *St. Catharines, Ont.*

The Public Health Laboratory as an Aid to the Health Officer—A. J. Slack, *London, Ont.*

How Sanitary Measures Reduce the Waste of Man Power in the Army—J. W. Shaw, *Clinton, Ont.*

Joint Meeting of Canadian Public Health ... tario Health Officers Associations at Toronto on May ... /th and 28th.

Librarian, University of Toronto, TORONTO

Vol. X MAY, 1919 No. 5

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The Public Health Journal

VOL. X. MAY, 1919 No. 5

Medical and Social Aspects of the Venereal Disease Problem

BY CAPTAIN GORDON BATES,
Officer in Charge of Venereal Diseases, M.D. No. 2.

THE medical aspects of the venereal disease problem are the aspects which are most obvious to us and constitute our most immediate problem. It is estimated that of the population at large about 8 per cent. are syphilitic and easily available statistics for Canada would seem to bear out this statement. For instance:

In 1918 in one regiment of draftees after all disease had supposedly been eliminated the A2 men remaining were shown by a routine Wassermann test to include 5.7 per cent. of syphilitics.

Routine Wassermann tests during the first three months of 1917 showed 12 per cent. of the total admissions to Toronto General Hospital to have a positive Wassermann reaction, while the same test on the patients in Montreal General Hospital showed a positive test in 26 per cent. of all admissions. Parallel statistics might be quoted.

Eight per cent. of the total population of Canada infected with syphilis means conservatively 500,000 cases. When one considers that in military hospitals generally the number of gonorrhoeal patients under treatment greatly exceeds the syphilitics, and that doubtless civil conditions are similar the fact that we have a medical problem on our hands is self evident, to the physician at least. When one considers the tremendous number of gynaecological operations, the cases of congenital blindness, early apoplexies, sterility and numerous others domestic and social tragedies which result

*Acknowledgement is made to Miss Gertrude Seymour writing on "A Year's Progress in Venereal Disease Control" in 'Social Hygiene' of January, 1919, for material used in the above article.

we find that we have a problem which is decidedly of interest to the economist, sociologist and citizen generally as well.

In view of the large existing number of cases it would appear that our first task is to prevent further infection from these existing cases and to prevent the development of further damage and disability in persons already diseased.

Here we should first pay attention to the matter of diagnosis and treatment. We are immediately confronted with the fact that information as to both of these matters is to say the least scanty on the part of most physicians, that no provision has been made for the treatment of poor persons, that the salvarsan or arsphenamine treatment is so expensive as to make it almost out of reach for many people and that we have absolutely no organization for tackling the biggest public health problem we have ever attempted to solve.

It is true that legislation has been passed in Ontario, legislation of an admirable character—that similar legislation has been passed in Nova Scotia, Alberta and Saskatchewan and that legislation is pending in New Brunswick and Quebec. It is also true that the provinces are agreed as to certain general legislative principles which should be adopted for the control of these diseases. These were carefully discussed at a conference of provincial representatives held in Ottawa on February 3rd.

The Ontario Act covers the following points and on these points the provinces are fairly well agreed:—

(a) Compulsory notification.
(b) Compulsory treatment.
(c) Standardized treatment.
(d) Authority to examine persons suspected of being affected with Venereal Disease.
(e) Prevention of quack treatment, quack remedies, and of the advertising of such treatment and remedies.
(f) Right of entry of Public Health authorities.
(g) Prevention of Infection—See Ontario Act, Sec. No. 8.
(h) Power to make regulations by Order-in-Council. Sec. 13, Ontario Act.
(i) Liability of Municipalities or Local Authorities. Sec. 14 (1), Ontario Act.
(j) Penalties. Sec. 13 (j), Ontario Act.

Possibly it may be necessary to deal with points not touched by the Ontario Act. It would seem, however, that the Ontario Act is not itself defective. It gives a great deal of power to medical

officers of health and to the police—and gives the physician an opportunity not only to greatly assist in the control of cases he is treating, but also to trace up sources of infection. Section 4, subsection 1 of the Act, as I understand it, gives the physician not only power to keep his patient under treatment (not necessarily his own because the patient may go to another physician or clinic), but also to notify the M. O. H. of his district as to the man or woman acting as a source of infection. In the army we have attempted to find sources of infection and in many cases have succeeded. For example, during the last week acting under the authority of the Ontario Act we have been able to place under treatment a girl who infected eight soldiers in a very short time, and doubtless a good many more civilians. I see no reason why this procedure should not be adopted in civil life.

Similarly the issuing of educational cards to patients by physicians (cards are provided for all physicians by the Provincial Board of Health) should be of great educational value. The manual of treatment included in the regulations of the Provincial Board should be of value to physicians generally. Some additional legislation will doubtless be necessary—for instance, something should be done for the protection of persons marrying—and I think that the legislation recently under discussion by a committee of the Ontario House is a step in the right direction. It would seem, however, that it is not so much legislation we need at present as action—action in Ontario—co-ordinated action on the part of all the provinces.

Some method must be devised by which physicians will be interested in the working out of the provisions of the legislation we have and not only physicians but people generally throughout the provinces. The newspapers should take the matter up more generally. Educational literature on the dangers of venereal diseases, on the neceessity for early treatment and thorough treatment should be used widely as in the United States. Lectures by physicians should be prepared and given in factory, store, workshop and public meetings as in England. Educational films, such as the one we are to see to-night, are a valuable means for propaganda and should be used extensively before suitable audiences. The film, "The End of the Road," prepared by the United States Government for women should also be utilized if available until we are able to obtain films of our own.

Another question which should be taken up as a governmental matter is the education of young people in matters of sex. With the

information we have at hand as to the tremendous menace which venereal diseases are to the welfare and efficiency of the very nation it is criminal that we should not attempt to correct the ignorance of simple sex facts which is so great a factor in their production. Sex facts can be taught and should be taught at as early an age as possible if we are to provide our young people with that information which should be regarded as a natural bulwark of protection without which they are much more likely to be overwhelmed by the vicious influences under which so many perish.

Another matter of importance is the establishment of clinics. The essentials of a standard clinic should be carefully worked out in detail as to medical staff, organization, equipment and social workers. Clinics should be established at strategic points as quickly as possible. Again, some method should be adopted of putting the whole under central control, probably by means of establishing a Bureau of Venereal Diseases. The matter of civilian co-operation should not be neglected. The organization of a National Council for Combatting Venereal Diseases will, I hope, be completed in the near future, and should be of as great assistance as a similar organization has proved to be in Great Britain. As in the United States and Great Britain the principle of a Federal Subsidy to encourage local action should do much to bring about results in all of the provinces.

The developments, both in and out of the army in the United States, provide a wonderful example of what can and should be done to control venereal disease. I want to touch on some of the army methods later but here will mention a few of the things which have been accomplished in civil life. It is but fair to say that most of these are the direct result of the stimulus afforded to civil authorities by the magnificent programme for the control of venereal disease, which was put into effect by Surgeon-General Gorgas and his advisors, and of the fact that medical examination of drafted men revealed the fact that action on a nation-wide scale was absolutely necessary.

Owing to the lack of uniformity in legislation it was deemed advisable early in 1918 to draw up a model law which might serve as a board of health regulation, or better still, as a state law for the control of venereal diseases. This draft of suggested legislation was the result of study by lawyers experienced in this special field of social hygiene, of experienced health officers and of naval, military and Public Health Service officials.

In its final form this legislation received the approval of the three government departments concerned—those of the army, the navy and Public Health Service. The act contains the following provisions:—

VENEREAL DISEASES ARE DECLARED DANGEROUS TO PUBLIC HEALTH.

Rule 1.—Venereal diseases are to be reported by physicians, superintendents of hospitals and dispensaries and heads of charitable and penal institutions. This must be by number or by name.

Rule 2.—It shall be the duty of physicians and of every other person who examines or treats a person suffering from Venereal Disease to instruct him in measures for preventing the spread of such disease, and to hand him a copy of the circular of information obtainable for this purpose from the State Board of Health.

Rule 3.—All cases of Venereal Diseases shall be investigated, particularly as to the source of infection and examination of suspected persons is authorized. All persons who are prostitutes or associated with prostitutes are to be considered as suspected persons.

Rule 4.—Protection of others from infection by venereally infected persons:

(*a*) Authority is given to local health officers to quarantine persons who are reasonably suspected of having venereal disease.

(*b*) Any person released from quarantine who is not cured must sign a statement agreeing to place himself under designated medical care and remain under treatment until cured.

Rule 5.—Persons applying for treatment must inform the physician as to the name and address of the last physician consulted. The second physician is to notify the first physician. Where a patient neglects treatment for ten days the physician in charge is empowered to forward his name and address to the medical officer of health.

(*b*) A physician may notify the medical officer of health of a patient who is conducting himself so as to expose another person to infection.

Rule 6.—Druggists are forbidden to prescribe for venereal disease.

Rule 7.—It is a violation of the regulation for an infected person to expose another person to infection.

Rule 8.—*Prostitution is to be repressed.* Prostitution is hereby declared to be a prolific source of syphilis, gonorrhoea and chancroid. All local and state health officers' duties are directed against

prostitution and to use their proper means for the suppression of prostitution.

Rule 9.—This forbids the giving of a certificate of freedom from venereal disease. This is designed to prevent the use of such certificates by persons who may use them for solicitation for sexual intercourse.

Rule 10.—Records are to be kept secret.

SUGGESTIONS.

Note 1.—Penalties for violation of the above must be provided.

Note 2.—Provision for intensive treatment in suitable hospitals while patients are under quarantine, and clinic facilities of high standards shall be made by the municipalities or state at the public expense.

Note 3.—It is recommended that for the enforcement of these regulations that states establish bureaus of venereal diseases under the state boards of health and appropriate the necessary funds.

Note 4.—The issuance of arsphenamine or equivalents to health officers, institutions and physicians at state expense is recommended.

Note 5—It is suggested that provision be made for the examination of prisoners for venereal disease, and if still infectious at the end of their prison term they should be quarantined and treated.

Note 6.—Laboratory facilities for the diagnosis of syphilis and gonorrhoea should be made by the boards of health and health departments of large cities.

Note 7.—Provision should be made for follow-up work and social service.

Note 8.—Institutions are recommended for persons who are likely to become venereal disease carriers. This has special reference to the control of the feeble-minded.

Note 9.—It is recommended that the "passing on" of patients having venereal disease from one community to another be prevented.

Note 10.—It is suggested that the bureau of venereal diseases carry on a campaign of education in:

(*a*) Venereal Disease prevention.

(*b*) In the conditions responsible for the dissemination of venereal diseases.

The above law in its main points has been passed in no less than 42 states. Special bureaus for administering the campaign against

venereal diseases or special sections in existing divisions of communicable diseases have been established in 35 states.

The result has been that public education on the subject has progressed very rapidly all over the United States. Clinics have been established on a large scale. For instance, in Massachusetts 16 clinics have been arranged for and 13 are in active operation. The question of social service in connection with venereal disease has also been brought to the front. Social workers in connection with these clinics have much to do in working out the problems of rehabilitation in order to secure for women and girls, who desire it, the chance to earn a livelihood by some other means than prostitution, or to begin again after the misstep which has come through ignorance or deception. These workers also investigate the circumstances under which a woman or girl is arrested, her ability to earn a living, her mental status and this information is of great value to the courts.

The federal authorities in the United States have also been very active. Under the Chamberlain-Kahn Bill there was created (July, 1918), a division of Venereal Diseases in the United States Public Health Service. This division has had much to do with the location and organization of clinics, the provision of material therefore and a set of standards of personnel, treatment and various reports which are necessary to give the federal departments a comprehensive view in regard to the situation. An important educational division has also been organized, having to do with the collection and dissemination of information not only on the public health campaign, but with other problems, medical and social.

Apportionments of money to institutions for medical and sociological work is being undertaken and allotment of money to state departments of health is about completed. Money is allotted to states under certain very definitely defined conditions, which include the putting into operation of regulations in conformity with the suggestions approved by the Surgeons General of the army, navy and Public Health Service for the prevention of venereal diseases. Allotments up to January, 1919, were as follows in 42 states:—

State	Amount Paid to each	State	Amount Paid to each
Alabama	$23,247.15	Montana	$ 4,088.76
Arizona	2,221.95	Nebraska	12,962.79
Arkansas	17,117.43	Nevada	890.22
California	25,850.72	New Hampshire	4,681.54

State	Amount Paid to each	State	Amount paid to each
Colorado	8,687.66	New Jersey	27,586.61
Connecticut	12,120.57	New York	99,090.89
Delaware	2,199.81	North Carolina	23,988.94
Florida	8,182.47	North Dakota	6,274.30
Georgia	23,368.56	Ohio	51,832.61
Illinois	61,308.38	Oklahoma	18,017.23
Indiana	29,366.62	Oregon	7,315.04
Iowa	24,194.56	Rhode Island	5,899.80
Kansas	18,385.42	South Carolina	16,476.71
Kentucky	24,897.77	South Dakota	6,384.61
Louisiana	18,008.89	Texas	42,367.08
Maine	8,071.80	Vermont	3,870.31
Maryland	14,084.18	Virginia	22,415.90
Massachusetts	36,603.94	Washington	12,416.85
Michigan	30,555.01	West Virginia	13,277.04
Minnesota	22,569.18	Wisconsin	25,375.70
Mississippi	19,540.22	Wyoming	1,587.05

The state allotment is to be expended along general standard lines for all states and in accordance with an accounting system, approximately as follows:

(a) The treatment of persons in hospitals, clinics and other institutions, including arsphenamine and other drugs, fifty per cent.

(b) Educational measures, twenty per cent.

(c) Repressive measures, twenty per cent.

(d) General administration, ten per cent.

Federal and state co-operation is assured by the appointment of a United States Public Health Service officer as director of the bureau for each state.

This programme insures the co-operation of federal and state authorities in the campaign against venereal diseases. It has been carefully worked out and already a tremendous amount of work has been done. Emphasis should be placed on the fact that this work originated in the army and that the tremendous campaign of publicity which was launched under army auspices has been the main factor in making it possible.

In dealing with the social aspect of the venereal disease problem the programme of the United States Government for the control of venereal disease in the army is of the greatest interest. It would be impossible to more than summarize this programme. The

United States Government has taken the attitude that social hygiene questions should be of the first rank among the problems of nation-wide preparedness for war, largely because of the tremendous effect a high venereal disease incidence has on the efficiency of military units. Among measures adopted:

1. The protecting of military forces from the use of alcohol.
2. The establishment of zones about military camps to protect the soldier from prostitution.
3. The establishment of a Commission on Training Camp Activities to counteract harmful influences by a constructive programme of entertainment, education, recreation, etc., participated in by both military and civil population.
4. The establishment of a similar commission for the navy.
5. The co-operation of the American Red Cross, especially in the matter of establishing clinics.
6. The co-operation of the War Work Council of the Y.M.C.A. through its activities including sex education.
7. The co-operation of the American Social Hygiene Association.
8. The co-operation of the American Playgrounds Association, which has done vitally important work in improving environmental conditions about the camps and cantonments.
9. The co-operation of the American Y.W.C.A., which has done valuable work among women and by the establishment of Hostess Houses in American camps.
10. The co-operation of the American Library Association.

While it is difficult to go into this programme in detail, one can say that its working out has been the first organized effort in history on the part of a Government to attack venereal diseases by dealing with basic principles. While it has been recognized that the repression of prostitution is an essential in any programme and this means the wiping-out of segregated districts, the fact has not been lost sight of that no amount of repressive legislation or repressive action will eliminate venereal diseases from a community. Prostitution is an abnormal social symptom resulting from abnormal social conditions and in the Social Hygiene programme of the United States Government a determined effort has been made to correct these conditions not only in so far as the soldier is concerned, but to a large extent for the civil population as well.

The Law Enforcement Division of the Training Camp Activities Commission was entrusted with the duty of reporting to Headquarters on such matters as the questions of "red-light" districts, re-

creational facilities, facilities for the treatment of venereal disease, as to boarding-house regulations, the enforcement of existing legislation and on the reports of this division a good deal of constructive action was based. Recreation on an organized basis was provided in camps, not for sentimental reasons, but because it was recognized that its provision would keep the soldier happy and contented, and that otherwise he might succumb to temptations which would result in his being lost to the army as an efficient soldier. Organized camp singing, a library, a theatre were provided for the same reason in each camp. One of the most important new institutions was the Hostess House, a large, comfortable, homelike club house, where the soldier was encouraged to bring his mother, his wife and his sister, in short, his women friends and relatives, certainly normalities of the best type. The work of the American Playgrounds Association in organizing the War Camp Community Service was an attempt to care for the soldier when he was on leave. This end was attained largely by obtaining the cooperation of existing organizations in a community and the working out of many schemes for keeping the soldier occupied with normal things.

A division of Men's Work undertook the education of men in various classes in the civil community. Committees were organized in various parts of the country at the instance of the Government, and the matter of attacking venereal diseases was taken up in an energetic way. One of the most interesting types of work was that undertaken for the education of men working in various industrial concerns. This programme was launched through patriotic employers and consists of a booklet for factory distribution, a poster for display purposes, a series of pay-envelope enclosures, and medical care and instruction for those infected. The scheme for educating employees has been taken up by a number of the large business organizations in the United States. Then an advisory board of nationally-known newspaper men was formed to pass upon and recommend articles for the press which has so scrupulously avoided this subject in the past principally because it was feared it might offend the prudish false modesty of its readers.

A section on Women's Work has had much to do with the education of women generally in the civil community. A great deal of their work has been accomplished through the Y.W.C.A. and other national women's organizations. It is interesting to note that it was recognized from the first that the venereal disease problem is essentially a civil problem and that unless it is taken up by civilians

generally very little can be accomplished. The film, "Fight to Fight," is now being shown by state departments of health throughout the United States. A similar film, "The End of the Road," previously mentioned, is also a part of the Government programme and designed to educate women in the dangers of venereal diseases is also being used generally before audiences of women.

A great deal still remains to be done in Canada. The venereal disease problem itself has scarcely been touched directly, notwithstanding the existence of legislation and no organized attempt whatever has been made to deal with the problem of prostitution. We know that clandestine prostitution exists on a large scale in Toronto, and other Canadian cities. Conditions in Montreal, which is the possessor of one of the most offensive "red-light" districts in America, are disgraceful| Conditions in other Canadian cities, particularly some cities in the West, are also very bad. Only recently agitation by a voluntary committee has resulted in the closing up of the "red-light" district in Lethbridge.

Voluntary committees have been at work in a number of places notably Toronto, Montreal, Hamilton, Halifax, Lethbridge and London. It is hoped that with the formation of a National Council for Combatting Venereal Diseases, a great deal will be done in the education of the public generally on the venereal disease problem itself, while a recent conference of Cabinet Ministers and health authorities, held in Ottawa, will do much to co-ordinate the working of the provinces. It has been announced that a Federal Department of Health is to be organized. This centralization of health activities will also be of great value. Under such a department a Social Hygiene Division should be formed, and I think that we can scarcely improve on the United States plan of asking for the co-operation of great national agencies, such as the Y.M.C.A., the Y.W.C.A., Knights of Columbus, Salvation Army, the National Mental Hygiene Association and the National Council for Combatting Venereal Diseases, when it is formed. A commission should be formed similar to the Training Camp Activities Commission, but designed to provide the normalities of life, not only for the soldier, but for the civilian as well. There are many factors to be dealt with, the matter of housing for young people in large cities, the providing of opportunities for young people of the opposite sex to meet under normal conditions, the matter of protective work for girls, the disposition of the feeble-minded girl—and of the girl whose moral and physical fibre have been injured by a life of prostitution, the teaching of sex hygiene, whether in or out of

school, the elimination of the unsupervised dance hall, and the provision of something to take its place. I understand that a conference will be called in Ottawa sometime in the near future to discuss the whole question. This conference should result in the adoption of a Social Hygiene Programme for Canada, which should yield most valuable results, not only in the elimination of venereal diseases from the community at large, but in the making of a safer, saner life for the young man and woman throughout the country.

Tuberculosis Findings in a City Survey

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FRAMINGHAM, MASS., was selected for the Health and Tuberculosis Demonstration on the ground that it was a typical American industrial community. The results thus far have confirmed this presupposition. As to tuberculosis history in the past, Framingham presents all the aspects characteristic of an American city of the smaller size. This community, with a population of about 17,000, an industrial population of approximately 6,000, a 22 per cent. population growth in the last five years, and a percentage of foreign born of 27 (predominately Italian), has shown in the past tuberculosis mortality rates below the average for the Registration Area, and particularly for cities in the Registration Area. This fact, representative of communities of this size, has to be taken into consideration when the mortality findings are applied on a general national basis.

An analysis of tuberculosis mortality for the Registration Area in 1915, for which time the death rate for the area as a whole was 145.8 per 100,000, indicates that of 107 towns in the Registration Area with a population of more than 10,000 and less than 25,000 (twenty-five of which were in New England), 70 had a tuberculosis death rate below the Registration Area rate. These figures are presented at this time simply as an observation without an effort at complete explanation. For one thing, small town conditions are more nearly like rural conditions than are those of the larger cities, and the rates more nearly correspond in the smaller communities to rural rates.

On the other hand, while past tuberculosis death rates indicate a relatively low mortality from tuberculosis in Framingham, the results of the intensive work to discover tuberculosis in this community indicate that the disease is present to a greater extent than had previously been supposed, and that it can be discovered and brought under treatment if it is looked for with the proper community machinery. In view of the representative character of this

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community laboratory, it is probable, further, that the findings in Framingham are approximately representative of similar urban and semi-urban communities elsewhere.

Discovery of Tuberculosis.

For the past as well as for the future, the chief channels through which cases have been and will be discovered may be briefly indicated as follows:

1. In the first place, not properly classified as a channel of discovery, is the group of cases which were on record in Framingham at the beginning of the health demonstration.

2. Private medical practice has, of course, contributed a substantial number of the cases discovered since the beginning of the demonstration. Every effort has been made to enlist the co-operation and support of the local physicians, to encourage the early reporting of cases, and to elevate and standardize method of diagnosis and treatment with the help of a newly organized medical club.

3. The routine Board of Haelth dispensary work has continued throughout the demonstration.

4. The local draft board, with an exceptional medical personnel, assisted on chest cases by a health demonstration representative, has proved an unusually fine and, indeed, apparently non-penetrable "sieve" for the tuberculosis case, not one of the examinees passed by this board having been returned from cantonments as a positive or a suspicious tuberculosis case hitherto unrecognized.

5. The medical examination "drives" have proved a prolific source of discovery of tuberculosis cases, particularly in the arrested group.

6. The expert consultation service, developed subsequent to the first drive, and carried on in connection with the routine medical examination work of the Community Health Station, has constituted, next to the drives themselves, the greatest source of information regarding tuberculosis cases in Framingham, and has been chiefly responsible for the bringing under control of the active tuberculous patient. This consultation service is at the disposal of physicians or private citizens on all doubtful pulmonary conditions, and has proved to be so valuable an instrument in the discovery of the disease in Framingham, that there is a strong likelihood at present of its permanent extension on a State-wide basis under the auspices of State organizations.

7. The school medical examination work, under the direction of a full-time school physician with special experience in the clinical problems of tuberculosis, has added a number of cases to the Framingham list.

8. The infant clinic work has constituted another measure of protection for this particular age group.

9. The extension of full-time medical, nursing and clinical facilities to the factory population, while not yet complete in its organization, has also led to the discovery of a few tuberculosis cases.

10. As described in previous publications, there have been developed throughout the community a series of lay, neighborhood committees. These committees constitute a potential and, to some extent, functioning mechanism for the promotion of medical examination work, the detection of tuberculosis, etc.

11. Finally, from time to time it is the custom of the medical staff of the Community Health Station to review by nursing visit and medical examination, certain groups of cases that have been set aside as "suspicious." From these groups a definite diagnosis of tuberculosis is occasionally made. Into this classification would fall the cases classified as "suspicious" in the medical examination drives, the families in which tuberculosis deaths have occurred during the last ten years, the positive reactors in the tuberculin survey among children, the large group of undiagnosed cervical adenitis cases discovered in preceding medical examination work, the cases reported as having had influenza in the recent epidemic, etc.

For this work the health demonstration has maintained a staff consisting of one full-time expert consultant, and one or two nurses for special follow-up work. From time to time this staff has been supplemented, particularly during the medical examination campaigns, when as many as 25 nurses and 70 or more physicians have been engaged from out of town to assist in the special examination activities. For this work it was, of course, necessary to devise many special examination, history, laboratory, and other forms, all of which were reproduced in Monograph No. 4 on "Medical Examination Campaigns."

Gross Number of Cases—Jan. 1, 1917, to Nov. 15, 1918.

The gross number of cases (excluding suspicious) which have come under the observation of the Framingham Health Station during this period includes 29 deaths (one arrested case, not from tuberculosis, but from influenza and pneumonia), 32 cases which have moved to other communities and in most instances are taking

treatment under other auspices, and 181 living cases under active observation or treatment at the present time. Twenty-two of the 181 cases are receiving out-of-town institutional care. This makes a total of 242 cases. The distribution of all of these cases according to stage is indicated in Table I.

TABLE I.
Current distribution of all cases.

Groups	Early			Advanced			Convalescent	Arrested		Cured	Dead	Total
	Incipient	Early	Moderately advanc'd	Rapid	Slow	Stationary		Advanc'd	Early			
In institutions	1	3	11	1	3	2	....	1	....	....	....	22
In town.....	7	12	10	1	12	3	....	10	104	....	....	159
Total....	8	15	21	2	15	5	....	11	104	....	....	181
Moved.....	4	....	8	2	4	1	....	....	13	....	....	32
Total....	12	15	29	4	29	6	....	11	117	....	....	213
Dead.....	....	....	....	....	....	....	....	....	....	....	29	....
Total....	12	15	29	4	19	6	....	11	117	....	29	242

On January 1, 1917, there were under observation in Framingham 27 cases of all kinds. On November 15, 1918, this number had been increased to 181; 1916 was a reasonably typical year for Framingham previous to the demonstration, as regards known cases of tuberculosis. During that year there were altogether 40 cases under observation, while during 1917, the first year of the demonstration, there were under observation in all 185 cases.

During the decade 1907 to 1916, there were 133 cases reported to the Board of Health and 139 deaths. In 1916, there were 20 cases reported and 13 deaths. In 1917, there were 59 cases reported and 17 deaths, while to date in 1918 there have been 36 cases reported and 10 deaths. The large number of arrested cases among the 185 individuals under observation in 1917 accounts largely for the discrepancy between this figure and the 59 active cases which were really reported in that year.

The source of cases as they have come to attention may be indicated as follows:

Previous known on January 1, 1917	27
Medical examination drives	96
Draft	13
Consultation	53
Reports of private physicians	40
School medical work	11
Factory medical work	2
Total	242

The findings of 1918 in contrast to those of 1917 would indicate that the work of the first year of the demonstration was successful in bringing under observation the great majority of advanced active cases in the community. If this comparison is based on the actually reported cases, which obviously means only active cases, it may be pointed out that in 1917, out of 59 cases reported to the Board of Health, a total of 25 were advanced, 10 of which died. This number (25) constitutes 42 per cent. of the cases reported during that year. In 1918 on the other hand, out of 36 cases reported up to November 15, 2 had died, and 5 additional living cases were discovered in an advanced stage. This number (7) constituted 19 per cent. of the total reported, in contrast to 42 per cent. in 1917. The 1918 advanced cases came to notice through miscellaneous channels, such as the draft, the school medical work, private medical practice, etc. Evidently fewer advanced cases are being discovered as the demonstration proceeds, and more cases are being reported in the early stage.

Morbidity Rates.

In 1916 there were 40 cases in Framingham under observation, which is .25 per hundred in the population. During that year there were 13 deaths, or 3 cases to every death.

For the decade 1907 to 1916 there was an average of 14 deaths a year, which, on an arbitrary basis of 6 active cases to a death, should have meant for Framingham 84 active cases.

On the other hand, during 1917 there were under observation 185 cases or 1.09 per hundred in the population. There were 17 deaths or 11 cases for each death, including arrested cases. This figure for 1917 deaths is based on residents dying in or out of town, and excludes 2 non-residents dying in town in that year.

On a basis of the medical examination drives, the total number of cases and case rates for both active and arrested disease is indicated in Table II.

TABLE II.

Estimated number of cases and ratio of cases to deaths on a basis of medical examination findings.

Drives	Number examined	Cases discovered	Percentage of incidence	Estimated cases for town	Cases per death	Percentage arrested	Estimated active cases	Active cases per death
First	1,682	48	2.85	485	28	25	363	21
Second	2,791	48	1.72	293	17	83	50	3
Combined	4,473	96	2.15	367	21	56	161	9

It would seem reasonable to believe that the results of the combined medical examination drives are probably a safe basis, and at least a maximum basis upon which to place an estimate of the number of cases that ought to be found in a normal industrial community. Of course, a certain allowance must be made for the possibility of a chance variation in a single "sample" group, however representative the group appears. It will be observed that when arrested cases are included, there are 21 cases for every death. When active cases are considered alone, the ratio is 9 to 1.

Mortality Rates.

According to the health demonstration analysis of the vital statistics for Framingham for the decade 1907 to 1916, the tuberculosis death rate for that period was 99.6 per 100,000 (see Monograph No. 3—Vital Statistics). However, during the early part of the demonstration, a careful sutdy was made by an expert from the Bureau of Labor Statistics in Washington, covering the last five years, to ascertain the degree of error in mortality certification with special reference to tuberculosis. To summarize briefly the conclusions from this study, it may be stated that sufficient error was discovered to indicate a probable material increase in the tuberculosis mortality rate for the decade. Consequently, it is believed that the *more probable figure* for tuberculosis mortality for the preceding ten years would be substantially in excess of 99.6 per 100,000.

For 1917, excluding non-residents, the rate comparable to the above figure is 99.0. A material reduction was experienced in 1918 when the rate was 74 per 100,000.

Summary.

The main points emphasized by the foregoing data may be summarized briefly as follows:

1. The total number of cases under care since the beginning of the demonstration to Nov. 15, 1918 is 242.

2. While 27 cases were under care on January 1, 1917, this number was increased on November 15, 1918, to 181 cases.

3. During 1916 there were 40 cases under observation or treatment, a number representative of past conditions in Framingham; during 1917 this number was increased to 185.

4. During the decade 1907 to 1916, the number of cases reported annually averaged 14. In 1917 this number jumped to 59.

5. The consultation service has demonstrated itself to be a very superior instrument for the discovery of tuberculosis cases, particularly of the active type, and is a logical adjunct to the ordinary dispensary activity. It also serves materially to interest and instruct the physicians, stimulates the discovery of early cases and increases reporting.

6. During the past, known cases to deaths in Framingham have averaged 3 to 1. In 1917 the number was 11 to 1, including arrested cases. On a basis of the medical examination drives it is indicated that the total number of cases (including arrested cases) to deaths is 21 to 1, whereas the total number of active cases to deaths is 9 to 1. If it is assumed that Framingham should have a death rate similar to the registration area, the ratio of total cases to deaths would be 15 to 1 and of active cases 7 to 1. Of those examined, 2.15 per cent. were tuberculous.

7. Framingham is a typical industrial American community, and, on a basis of past mortality and morbidity records, is affected with, if anything, less tuberculosis than would be representative of the Registration area as a whole. On the other hand, the disease exists to a much greater degree than has hitherto been supposed, and can be discovered and brought under control if an intensive search is made for it.

8. An intensive survey of tuberculosis conditions will discover a large number of arrested cases that require a minimum of medical observation.

9. A large percentage of the early cases and of the arrested cases can engage in ordinary occupations, and can apparently do well under home observation and treatment.

10. The application of the Framingham findings to the United States as a whole would indicate that there are about one million active cases in the country at large and something over two million active and arrested cases. These figures are certainly minimum estimates, in view of the excessive amount of tuberculosis prevalent in the colored population of the Southern States.

11. The intimate knowledge of tuberculosis conditions in Framingham, together with the fact that the community suffered severely from the influenza epidemic, offers an opportunity of exceptional value for the study of the relationship of influenza to tuberculosis.

The Federal Department of Health

EXTRACT FROM HANSARD REPORT ON THE DEBATE IN THE HOUSE OF COMMONS.

THE House again in Committee on Bill No. 37—Hon. N. W. Rowell—respecting the Department of Health, Mr. Boivin in the chair.

On section 4, subsection (h)—collection, publication and distribution of information to promote good health, and improved sanitation:

Hon. N. W. Rowell (President of the Council): While it is evident from this subsection that the Department of Public Health does not intend to go into the collection of vital statistics, it has been suggested that the matter should be made perfectly clear by inserting suitable words to indicate that the department will not duplicate the work of the Bureau of Statistics. This may be done by inserting at the beginning of the subsection the words, "Subject to the provisions of the Statistics Act."

I suggested the other evening that another phase of the work which is, perhaps, not fully covered by the subsection as it stands might be covered by the addition of the words "social welfare," but as objection was taken I did not press the point. I now, suggest, however, that the subsection be so amended that it shall read as follows:—

> Subject to the provisions of the Statistics Act, the collection, publication and distribution of information relating to the public health, improved sanitation, and social and industrial conditions affecting the health and lives of the people;

We all recognize that in future more attention must be paid to the health and physical well-being of those who are engaged in industry. In the past, emphasis has been placed on property; in future, emphasis must be placed more largely on life. The country is deeply concerned in all matters connected with the carrying on of industry that affect the life and health of the people. Information should be gathered and published touching that aspect of health as well as the more general classes of subjects which we include in the words "public health." The latter words of the amendment have been suggested to me by Mr. Moore, president of the Trades and Labour Congress of Canada, and I think the suggestion is a good one.

Mr. Trahan.—I submit that the words "and social and industrial conditions affecting the health and lives of the people" will empower the new department to legislate upon matters that are subject to the jurisdiction of Provincial Governments. The department may deal with conditions of health as applied to industries and with the conditions prevailing in the buildings wherein these industries are carried on. But when they are empowered to deal with social conditions as well, we have the same objection that we had to the inclusion of the words "social welfare" in this subsection. In the amendment which the minister proposes the idea of giving the department control over matters affecting social welfare is carried out—under different terms, that is all. For my part, I prefer the subsection as originally drafted, although I am disposed to accept the restriction imposed by the words "subject to the provisions of the Statistics Act," which, in my judgment, is a good one. I am in favour of the Bill, but I believe that there should be no encroachment upon provincial rights. In an article published on 19th March last, the Ottawa Journal-Press expressed the opinion that public health was a matter which, under the terms of the British North America Act, had been handed over to the province; that health, like education, was a provincial matter. It is desirable, of course, that there should be co-operation among provincial boards of health. But in drafting this Bill this committee should be very careful not to interfere with provincial rights, and I would, therefore, be quite satisfied if the minister who is in charge of the Bill would not insist on the words:

—and social and industrial conditions affecting the health and lives of the people,

I have the greatest possible admiration for trades and labour organizations, and I am a staunch supporter of every legitimate claim which is made by such organizations, but I feel it is my duty to decline to accept in a Bill a clause which in my opinion is an encroachment upon provincial rights.

Mr. Sheard.—I commend this clause very highly. I do not think it is possible to compass the objects of this federal Health Bill in any better way. The clause provides practically for a publicity department in connection with this enactment, and that publicity department has the duty of setting forth before the House and the public the facts relating to public health as they affect industrial and social conditions in this country. I can see where it will do a great deal of good in indicating the lines of progress along which the federal department of public health will proceed, and I really

cannot see wherein it could operate so as to encroach upon provincial rights and the autonomy of the provinces in this work in which we are all presumably interested. The clause is, I understand, intended to permit the federal health department to secure reports as to conditions in factories and workshops regarding ventilation, lighting and the evil influence which may result from dust contamination. These are all very important to workers. The department, I assume will also ascertain and make known conditions as to noxious vapours and poisonous fumes, which, in certain factories where large quantities of nitric acid and sulphuric acid are used, are very serious menaces to the workers, and also as to aerial infection of illuminating gas vapours and of the carbohydrates, some of which are extremely noxious. These, I take it, are some of the points concerning which it would be the duty of the department of health to investigate the facts. Then again, we have the great and all-important question of the ages at which children are working in factories where the conditions in employing child labour are, from a sanitary standpoint, far from satisfactory. The hours are often such as to retard the right and healthy development of child workers, and in some parts of this Dominion, notwithstanding the present enactment in force in this country, there are many children under age who are working under unsanitary and unsatisfactory conditions, in factories and rooms that are dark and ill-ventilated, and these conditions ought to be known to the Government and to a federal health department. I consider this clause is designed to bring the facts before the public, and by informing the public generally we may hope to remedy conditions which I am sure no member of this committee would willingly have continued. I think the clause will be in its effect a distinct benefit in the working and development of this federal health department.

Mr. DuTremblay.—I think in the case of a doubt such as exists in regard to this amendment, the Government should put in a proviso that no such regulations will be put into force without having first received the approval of the Board of Health of each province.

Mr. Rowell.—I think my hon. friend (Mr. DuTremblay) misunderstands the clause, and I think the hon. member for Nicolet (Mr. Trahan) also misunderstood it. This deals only with collecting and distributing information in connection with industrial conditions. There is no power to legislate at all, and this does not, therefore, infringe upon provincial rights.

Amendment agreed to.

On subsection (i).—such other matters as may be referred to the minister by the Governor in Council.

Mr. Papineau.—Will the minister explain the meaning of this clause?

Mr. Rowell.—Let us take the illustration I gave my hon. friends the other evening, the question of administration of such a fund as the Government's fund to aid in housing. That has a very close relation to the question of public health, and at present it is being administered by a committee of the Cabinet. I should think it would be a very appropriate thing for the Governor in Council, if they saw fit, to entrust the administration of that particular branch of the public service to a department like this, and, therefore, power to do so is given. There are at the present time certain departments dealing with matters that more or less intimately affect the public health in certain aspects of their work. These Acts are not mentioned in the schedule because there may be a difference of opinion as to whether the administration of those Acts which touch a certain aspect of public health should be entrusted to this department or not, or whether the administration should be continued under the existing departments. This would simply permit the Governor in Council to transfer to this department the administration of certain branches of work closely connected with public health which are now being administered by other departments of the Government.

Mr. Papineau.—Section 4 reads:

> The duties and powers of the minister administering the department of health shall extend to and include all matters and questions relating to the promotion or preservation of the health and social welfare of the people of Canada.

All the necessary powers seem to be included in this; and I cannot therefore see the need for Orders in Council. The minister says he may decide this and that, but all powers are stipulated in this clause.

Mr. Rowell.—If we have all the power already in the first part there can be no harm in having it in the second. It simply indicates the method by which the power can be exercised; it must be exercised by Order in Council. To give an illustration: The Department of Indian Affairs has a medical branch having the medical care and supervision of the Indians on our reserves. It is not proposed by this Bill at the present time to transfer the administration of that branch of the service to this department, but it might be considered desirable in the future to do so and provision is made

by which it may be done. Clause 4 is quite broad enough to cover all power—this provides machinery by which a certain aspect of work carried on in one department may be transferred to another.

Mr. McKenzie.—Subsection (i) gives the minister authority in "Such other matters as may be referred to the minister by the Governor in Council." If that were found in any law referring to the Department of Railways we would know at once that the word "Minister" meant the Minister of Railways, but in this matter there is no minister. The President of the Council told us the other night that this was to be merely a branch of some department, or at least that it would be under some present minister. As there does not seem to be any special minister in connection with this work this clause is not very significant.

Mr. Rowell.—The hon. member will see that section 2 provides that there is to be a Department of Health, "over which a minister of the Crown to be named by the Governor in Council shall preside." That is the minister referred to in subsection (i). If my hon. friend would prefer, the word "department" might be substituted for the word "minister."

Mr. McKenzie.—I think there is a great deal in what is said by my hon. friend from Beauharnois (Mr. Papineau), that this country is getting somewhat tired of Orders in Council. Orders in Council are good things sometimes, and so is a little whiskey, but there is such a thing as abusing whiskey, and certainly such a thing as abusing Orders in Council, and the people of Canada are anxious to have as little business done by Order in Council as possible. I think it would be well if the President of the Council could embody in this Act specifically and clearly the powers that are proposed to be given, leaving no latitude for Orders in Council. By Orders in Council we are having legislation that is very extraordinary. For example, we had to-day before us legislation which had to deal with $350,000,000 and, to our consternation, it was found that the whole thing, or practically the whole thing, had already been settled by Order in Council. The same remark applies to the housing scheme, involving an enormous sum of money. It came before the House as a matter of form, but in reality an Order in Council had settled the whole matter. And in regard to the question of highways, I understand that when the premiers of the different provinces were here, an expenditure of some $20,000,000 was made by Order in Council. These matters are brought before the House and we are just used as a sort of rubber stamp to say automatically, "That is all right." I think

it is time we got back to the good old way of submitting to Parliament in its early stages, or at its inception, every question of importance, particularly in connection with the expenditure of moneys. There is an old story that in Scotland they used to hang people first and then try them afterwards, and it does seem that that is the attitude of the Government in regard to important public questions. When the thing is all settled and there is no remedy, they submit it to Parliament. We on this side of the House at all events are getting tired of Orders in Council and desire specific enactments so that we may know exactly what we are doing, and that we are not delegating power to somebody else to make laws which perhaps we would not make if we had a say in the matter ourselves. We are anxious to help the minister to put the Bill through, but its provisions should be made specific and definite. If the amendment which the minister substituted for clause (h) simply means the collecting of information, and has nothing to do with administration, I have no objection to it; but if the new clause contemplates administrative powers it certainly is objectionable. In the province from which I come, we have large coal mines, and the regulations in connection with the sinking of shafts, the ventilation system, and everything else, touching the interests of thousands of men working in these mines are clearly within the jurisdiction of the local legislature. The Mines Regulations Act of Nova Scotia is as complete as any of its kind in the world. If there is to be any executive operation in connection with the clause which the President of the Council has substituted for clause (h), it should come within the jurisdiction of this House.

Mr. Lesage.—I understand that this Bill will enact a law that will receive the co-operation of the provinces, and it seems to be understood that there will be no infringement of provincial rights. With regard to section 4, it seems to me that everything is covered and there is no need to enumerate such matters as are there dealt with. There you have covered everything in connection with these subsections, and the specification of all these matters will result in trouble with reference to provincial rights. Amongst other things, you mention child life and child welfare. That is a clause that I shall not discuss just now, but it is a very delicate question, and the power here conferred should be applied with great discretion having regard to provincial rights. In every province there is a great deal of work done in regard to child life and child welfare, and I think that it is within the right of the province to look after such matters as these. This matter in particular has to do with the

school system and the habits and customs of the people in the different provinces, which should be entirely within their jurisdiction. As far as the other matters are concerned, it seems to me that they could be safely left to the Dominion Council of Health as it will be constituted. If you leave in this Bill a clause of this kind reserving to the deputy minister the right to modify or change certain conditions of his own accord subject only to Order in Council, I think it will certainly interfere with provincial rights, and instead of being an Act to help the provinces to promote the welfare of the people, it is more likely to bring confusion and prove a detriment rather than an aid to public health. I would therefore suggest that this clause should be amended and made more definite in its meaning.

Mr. Sheard.—When we had this Bill last under consideration, we submitted a clause which I understood was to stand for further consideration. I would like to ask the minister if he has that clause in mind and if he proposes to incorporate it in this Bill. The clause that I submitted was this:

> Provided that nothing in this Act shall authorize any officer or authority created by or appointed under the authority of this Act or under any regulation made hereunder to exercise any jurisdiction or control over any provincial health officer or any provincial or municipal board of health or other authority operating under the laws of any province.

Mr. Rowell.—I had intended suggesting that the clause moved by my hon. friend from South Toronto (Mr. Sheard), slightly modified, but not changing its effect, should go in as a paragraph immediately following subsection (i). I think it will meet all the objections that have been raised. It would come in as subsection (j), and what I propose would read as follows:

> Provided that nothing in this Act or in any regulation made hereunder shall authorize the minister or any officer of the department to exercise any jurisdiction or control over any provincial health officer or any provincial or municipal board of health or other local authority operating under the laws of any province.

There is no desire or intention to interfere with the local authorities. There is not the least objection to putting that in as an additional clause.

Mr. Beland.—Is the wording the same as that of the clause submitted by the hon. member for South Toronto?

Mr. Rowell.—It is slightly different in wording but the effect is the same. The phraseology is slightly changed.

Mr. Beland.—What is the change?

The Chairman.—I do not like to interfere but I must remind the committee that subsection (i) has not yet been adopted.

Mr. Beland.—I know, Mr. Chairman, that we are anticipating. I would object to the carrying of this subsection (i) if no other amendment is going to be adopted by the committee, but if the amendment that we have been speaking about is adopted by the minister I would not have any objection to the subsection. I would say that so far as the amendment proposed by my hon. friend from South Toronto is concerned I really have no choice.

Mr. Rowell.—I am quite content to accept the form moved by the hon. member for South Toronto. The amendment I submit is a little broader in that it specifically names the minister.

Mr. Beland.—I would rather have the amendment of the minister.

Mr. Rowell.—I am quite content that this should be inserted as subsection (j) and I should think that if that is done there should be no question about subsection (i).

Mr. McKenzie.—I submit that this amendment should not come immediately after subsection (i), but immediately after section 5.

Mr. Rowell.—There again I am quite willing to meet the convenience of the committee. I think it would be a proper subject for a clause. It probably should not be lettered, but should be a proviso to goven the whole section. I think that would be better than to put in as a part of section 5.

Mr. McMaster.—I would think it would come in best as section 6. Section 5 provides for power to make regulations; it would be well to have the saving clause follow the other clauses dealing with the powers given to the minister or his deputy on anybody else under the Act.

Mr. Rowell.—Perhaps my hon. friend's suggestion is the best one of all. Leave out the proviso and make it a distinct section reading:

Nothing in this Act or in any regulation—

And so on. Let 6 stand as it is; make this new section 7, and then let 8 follow that.

Mr. McMaster.—Let it come before 7, because 7 is simply a section dealing with the report.

Mr. Rowell.—Quite so, make it 7, and then 7 will become 8.

Mr. Trahan.—I come back to subsection (i). If I understand the minister he wants to give the Government power to transfer from other departments to this department matters concerning health. Would it not be well to limit the powers conferred upon the Governor in Council to the matters dealt with in this Act. I

would suggest adding after the word "matters" the words "concerning health."

Mr. Rowell.—I would be quite willing to insert in this clause after the words "such other matters" the words "relating to health."

Mr. Trahan.—Very good.

Mr. Rowell.—I think it means the same thing.

Mr. Trahan.—But as at present worded the paragraph is not limited in its effect.

Mr. Rowell.—Then I would move to amend the paragraph by adding the words "relating to health."

The Chairman.—The paragraph will now read:—

Such other matters relating to health as may be referred to the department by the Government in Council.

Amendment agreed to and paragraph as amended agreed to.

On section 5—Regulations.

Mr. Sheard.—Before this section is adopted I would like to point out that there was an amendment submitted by the hon. member for Muskoka (Mr. McGibbon) regarding the establishment of a bureau of scientific research with hygienic laboratories. I think this is a proper place to introduce an amendment of that kind; I certainly would not like to see it left simply as a matter of condition or regulation; I would like to fix responsibility for the creation and operation of such laboratories upon the Deputy Minister of Health, whoever he may be, to administer and be responsible for. I have said before, and I need hardly repeat, that I can imagine no great advancement, nor any great benefit, is being likely to result from the operation of the Federal health law, unless—as it is a pivotal point of operation—the work of a scientific hygienic laboratory goes on in connection therewith. I would ask the minister if there is any provision in the Bill for this particular branch of work?

Mr. Rowell.—As I pointed out the other evening when the Bill was introduced, it appears to me that the general powers given by section 4 are broad enough to cover the establishment of such a bureau of scientific research, or at least of a laboratory for research purposes, and that all that would be necessary in that event would be for the Government to bring down an appropriation for the establishment of such a bureau, or for the building of a laboratory for research. My hon. friend from Muskoka did move an amendment, his view apparently being that there should be an express provision in the Bill dealing with the matter, and that amendment stood over for further consideration.

Mr. Sheard.—I want to remind the minister that this matter has been previously before the Government. In October, 1910, a meet-

ing of the Commission of Conservation was held, presided over, I believe, by Sir Edmund Osler, when the establishment of a national public health laboratory was recommended. The recommendation was forwarded to the Privy Council, and the report of the Committee of the Privy Council (P.C. 601) dated March 27, stated that a laboratory was to be established, and the sum of $25,000 was provided for that purpose. There, so far as I can trace it, the matter ends. I think it was transferred to, or planted in, the Department of Agriculture, but so far as I have been able to ascertain, it has not borne fruit. Yet in the broad scheme of conservation there was abundant provision under the regulations of the Commission for this work, and money was provided in a limited and ineffectual degree for carrying it on. However, it seemed to die from inanition or inaction. Now that is exactly what I want to provide against by urging the insertion in this Bill of a clause which shall state specifically that the deputy minister of health shall be responsible for establishing and continuing such a bureau of scientific research and investigation as will relate to the entire field of health matters. If that is done there can be no possible evasion of responsibility, and if the work is not carried out in a satisfactory way we shall have an opportunity in the House when we are considering the annual report to point out where this officer has neglected his duty. If we do this we shall be in a position to insist that this work be carried out without further delay, and it will not be left as a mere matter of regulation with all the uncertainties attendant thereon. There is not a department of health worthy of the name in any civilized country that I know of, that has ever rendered any real service, but has based that service upon a series of laboratories whose work has prompted all further activity and improvement. If we are going to run this department upon proper scientific and progressive lines we must have that laboratory, and provision for it must be made in such a manner that there will be no possible way of avoiding its creation. That is what I have in mind, and that is my reason for urging, with all the emphasis at my command, that such a provision should form an integral and important part of this enactment.

Mr. Peter McGibbon.—I want to emphasize the statements which have been made by the hon. member for South Toronto (Mr. Sheard). It does appear to me that to have this Bill go to the world in its present shape, without any provision for the establishment of a department of scientific research, would be to cause it to be looked upon, by every sensible man who knew anything about

the matter as more or less a joke. It would appear to me that without this provision the only use the Government could make of the Bill would be to provide an office for some political friend—I do not know what other use could be made of it. It passes the imagination of man to know what use a department of public health would be in this age of the world without scientific laboratories. If all these clauses had been omitted from the Bill I could see some excuse for omitting any reference to a department of scientific research, but when we deliberately specify certain things that we want the health department to take up, and leave, as I said the other night, the very heart and soul out of the measure, I really cannot see what advantage there is from a Dominion standpoint in passing this Bill at all. Departments of scientific research are very potent in the world to-day, there is no gainsaying that. They are the "end-all" of everything, and these undertakings have passed the stage where they can be left to private individuals, or even to provincial governments, to carry out. Nowadays their operation involves a large amount of money. The outlay will amount in the aggregate probably, in the next ten years, to from $500,000 to $1,000,000 if this country is going to do this work properly. To my mind there is nothing which Canada needs so much to-day as it does the paying of keen attention to the scientific aspect of matters which pertain not only to health but to the business of the country.

We have during the war seen how terribly we were handicapped by the advanced science that was brought to bear in a practical way by the different enemy countries. There is no question at all that their scientific knowledge prolonged this war immensely. We in Canada have been slow in following up the scientific side of research, we have not grasped its great importance either in the commercial sense or in the sense of the preservation of health. I would not like to see this Bill pass out of this House as the finished product of our mature judgment without the main thing for which this department is to be created being even mentioned.

Mr. McMaster.—On this side of the House we have not been endeavouring to restrain the zeal and enthusiasm of the hon. minister in charge of this Bill, we have merely been trying to keep it within the proper constitutional channels. Therefore it is well, perhaps, that a word should be said from our side in support of the measure along the lines suggested and urged by the hon. member for South Toronto (Mr. Sheard) and the hon. member for Muskoka (Mr. McGibbon). As a member of the same profession as the President of the Privy Council (Mr. Rowell), I quite agree

with him that the establishment of a research bureau would fall under the general terms of the beginning of section 4; but it seems to me that it would give a good impression throughout the country if we made it perfectly clear that such a research bureau or laboratory was to be instituted. I was reading the other day that the discoveries of the great chemist Pasteur had brought sufficient wealth to France to offset the whole of the indemnity that she had to pay Germany after the war of 1870. It would appear to me that the hon, minister might meet the views of those who support the Bill. because he is in the happy position of promoting a measure which meets with universal approval; we are all trying to get to the same end; some think it might be better gained one way, some another way, but as to the purpose of the Bill there is no difference of opinion. Therefore I would suggest to the hon. minister that he might very properly declare, en toutes letters, as we say in our province, that is in set terms, that we are going to have in Canada such a bureau or laboratory of research as has been most eloquently urged by the hon. member for Muskoka, who, as a member of a very learned profession, medicine, is much better able to talk with authority on these things than a mere lawyer.

Mr. Steele.—Much has been said in the support of a laboratory in connection with the Department of Public Health with which I heartily agree; in fact, I would go so far as to say that a Department of Public Health without the facilities of a laboratory is out of date before it is established. But I do not find myself in hearty agreement with the advocacy of such a laboratory as has been suggested this evening. I believe that what we ought to have in Canada is one great national laboratory, a laboratory which would carry on the work required for industrial and scientific research; a laboratory with which could be associated the laboratory we now have in connection with our Inland Revenue Department, a hygienic laboratory, and a laboratory which would take up every work which will be required in Canada in the future. I believe that to insert this clause in the Bill at the present time would simply have the result of establishing one more branch laboratories in connection with our national work. To my mind what we want is to co-ordinate the laboratories which we now have, and add such a branch as has been suggested to carry on the health work. But before that is done, I concede, the Government must give a good deal of consideration to it, and I sincerely trust that within the next year a great national laboratory will be established, following the system and plan of the Pastuer Institute of Paris and the great laboratory at Washington. I would therefore advocate that the Govern-

ment omit this from the Bill at the present time and take into consideration the establishment of such a laboratory as I have suggested.

Mr. Cowan.—When I first saw this Bill I searched through it for some mention of a laboratory, because I could not imagine that we could have a Health Department established without it. I must confess that at my first reading I was not able to find any provision for it, but on going through the Bill again I came to the same conclusion as the hon. minister, that one of the clauses covered the point. I think, however, that it would be very much better for us to definitely state that such a laboratory is to be established. Because, Sir, I cannot imagine the hon. minister wanting this department to be a failure, and without a laboratory—and a better one than anything we have in the Dominion to-day—it is certainly going to be a failure. If you establish such a laboratory as has been proposed you will immediately rally to the support of this department the entire medical profession of the Dominion, and otherwise I doubt if you will get its support to any great extent.

Although I am not of the medical profession,—I am one of the allied professions,—yet I have had a good deal to do with the medical profession in Canada, and I cannot subscribe to many of the criticisms in the press these days of the medical profession and their relation to this health department. I have always found them a very progressive body, and I think they have made more progress than any other profession—except, of course, the one I belong to and which claims my loyalty—and I am confident that the medical profession of Canada are equal to the medical profession of any other part of the world. Of course, if we expect them to maintain their position we must give them the opportunities to continue their progress. Therefore I say we should make up our minds to establish this laboratory at the earliest possible time. If that is to be done, there is no reason why it should not be so stated in this Bill, for then you will immediately get the sympathy of the medical profession throughout Canada and at once make it a success. I suggest that this be done, and I support as strongly as I can the position taken by the hon. member for South Toronto.

(To be continued.)

The Social Background

Principles of Relief

PRIVATE VS. PUBLIC.

The Rev. P. J. Bench, Superintendent, Catholic Charities.

THE normal family in the community is self-supporting. There are families, however, who for one reason or another are not self-supporting, but are dependent on others for the mere necessities of life. This dependency, according to the circumstances whereby it was produced, may be either temporary or permanent. So long as those in distress can be relieved by relatives or kindly disposed neighbors, the matter is usually not one of general social concern, but when by force of circumstances the needy are obliged to turn to strangers for assistance, the matter then becomes of vital interest to the community as a whole. The social conscience of the community is then aroused to a realization of its responsibility to relieve distress, and not only to give emergency relief, but to devise and formulate effective and curative methods of relief for its dependents.

By community, I do not only refer to that rather impersonal entity known as the municipality, but also to the component social and relief-giving organizations which make up the soul and shape the social conscience of the community.

Given families that are not self-supporting, that are in need or in distress, we are at once confronted with the problem of relief, at least in those centres which are sufficiently advanced in civilization to recognize their social obligations.

In the feverish evolution of our modern social and industrial life, the problems of destitution and relief that confront us in both our individual and collective capacity, steadily loom larger and larger, and increase in extent, complexity and intensity. In our efforts to grapple with these problems our machinery grows not only in size and extent, but also more varied and complex in character, scope and purpose, until to-day we find in nearly all our large cities a multiplicity of agencies, private and public, working in the field, always with the best of intentions and actuated by lofty motives, but frequently at cross purposes, through lack of a well-defined relief policy.

The question now arises whether from this maze of supply for relief, with the many deserving and undeserving applicants for

assistance, a definite policy can be evolved which will serve as a guide for those willing to assist and be a social beneficence to the recipients of relief. We think such a policy can be evolved.

In the first place let us take stock of our sources of supply. On looking over our Relief-giving agencies, we find some are organized for the purposes of giving only *temporary* relief and are dependent for support on the generosity of individuals. Others are prepared to give *permanent* relief and are supported by the municipality, or the Government, or by both. These agencies, according to resources and purposes of organization, naturally fall under two main headings, viz.: Private and Public. Having reduced all the agencies in the field to two classes, it should be comparatively easy to assign to each the cases and problems that each is capable of handling. In a general way it may be stated that to private charity should be assigned the more delicate and difficult tasks, such as readjusting defects of character and giving temporary relief, while to Public charity should be assigned the responsibility of the more extreme forms of distress, such as virulent disease and insanity, and in general all cases requiring permanent relief in institutions.

In every community there is room for both public and private agencies, although there should be the closest possible co-operation where both exist.

Now as a fundamental principle it must be laid down that a sound relief policy demands, that a clear line of demarcation be drawn between those who are and those who are not to receive aid, and, further that whenever possible, the assistance given should be of such a nature as will increase the earning capacity of the needy and so make further aid unnecessary. When, however, the inability to be self-supporting is permanent and unavoidable, the assistance must likewise be adequate and permanent.

This presupposes that careful enquiry should always be made into the circumstances and conditions of those in distress, and that the best method should be sought by which to give not only immediate relief, but also where possible to remove the cause of distress. The aim in all cases is not merely to relieve but to cure, not to patch but to restore, and when such cannot be accomplished then adqeuate and permanent relief should be supplied.

From the nature of things the private agency is usually the first to be approached by those in need of assistance, and I cannot do better than here repeat the principles laid down by Dr. Devine, who is one of the foremost authorities in the field of organized charity, for the guidance of such agencies.

If fraud is to be eliminated and good constructive work accomplished, these fundamental principles should be observed:—

1. Discrimination based upon full knowledge;

2. Disciplinary treatment of those who are criminally responsible for dependence;

3. Relief with intelligent oversight for those who cannot maintain a normal standard of living;

4. The refusal of all charitable support to those who can.

It is no part of a relief policy to be directly concerned with elevating the general standard of living, but it is a vital part of every sound relief policy to guard against the vicious principle of encouraging directly or indirectly, the payment by employers, of a wage that will not support a family at the normal standard of living.

Everyone in this audience who has given the slightest thought to the question, knows that we are living under artificial economic conditions, the direct results of which have been that wealth greater than the world has ever known is held in the hands of the few; that the cost of living has advanced; that in a thousand gatherings over this great land men mutter their discontent; false leaders have arisen and false doctrines are taught, and socialism is spreading, and that as the struggle for existence grows keener, the weaker units in the world go down and their families go down with them.

There are unscrupulous and unprincipled employers of labor who would not hesitate to pay a wage below the normal self-supporting standard, in the expectation that the deficiency will be made good from charitable sources. Such a vicious practice cannot be too strongly condemned and relief-giving agencies should be no party to its encouragement and continuance.

To sum up it would seem that the field for private relief-giving agencies, although large at present, should rather be extended than rstricted. Private relief should do everything possible to readjust and rehabilitate those in distress, and public charity should co-operate with voluntary charitable agencies and stand ready to relieve all serious want which is not met by them.

The limitations and defects of public charity are well known. Without the assistance of private relief, organizations, public relief tends to become mere officialdom and the springs of Christian compassion either dry up or flow into harmful channels. It is almost inevitably more mechanical and less sympathetic than private charity; it is more wasteful, not only because it is less carefully administered, but also because people are more inclined to

claim public relief as a right, and inasmuch as the funds are raised by taxation, the individual gradually loses his sense of personal responsibility towards the unfortunate.

To conclude—it would seem that the general principles underlying the whole problem of public relief, are these—instead of assuring everyone a living the State ought to so regulate economic conditions that every person able to obtain a livelihood by labor should have that opportunity, and that those who are permanently incapacitated should be cared for in institutions.

Report of the Ontario Housing Committee

THE report of the Ontario Housing Committee has recently come from the printers' hands. Containing as it does the last word on the housing situation in Ontario, it will be received with interest. Justice cannot be done to the report in this brief review, but at least it will serve to call attention to the phases of the problem dealt with in the report.

THE NEED.—It was as a result of action taken by the Great War Veterans, the Toronto Board of Trade, the Manufacturers' Association and Organized Labour, that an order-in-council was issued on June 7th, 1918, authorizing the formation of the Ontario Housing Committee "to enquire into and report upon the housing situation and to make such suggestions and recommendations as the circumstances may admit and the said Committee may deem proper."

The first step in seeking a solution of the housing problem was to ascertain the extent to which a shortage existed. A circular letter was addressed to the various urban municipalities in the province, asking for particulars of the housing situation. Replies from thirty-five municipalities and applications for information as to the terms and provisions of the Provincial loan, from twenty-five other municipalities, recognized and admitted the need.

The demand was found to be for houses of from four to six rooms substantially built, but within the financial reach of the working man. A comparatively large supply of seven, eight or nine-roomed houses has resulted in the too prevalent custom of subletting.

PUBLIC POLICY IN HOUSING.—During the past fifty years, there has been a growing recognition of the final responsibility of the State for the housing of its people, which idea has found definite acceptance in all progressive countries.

Building on the part of companies for their employees is another solution advocated. This movement owes its origin to the recognition by employers that housing conditions very directly effect both the amount of work accomplished and the length of time men are prepared to stay with a job.

The ideal system toward which housing policy seems to be moving, is that of co-operative construction and control, combined with municipal and governmental provision of loans at the lowest current rate of interest.

The Ontario policy admits of the use of this co-partnership method. One of the most advanced pieces of housing legislation on the statute books of any country is the Ontario Housing Accommodation Act of 1913. Under this act, as amended in 1914, if a municipal council of a town or city is satisfied that additional housing accommodation for those living and working in the municipality is urgently needed, the council may guarantee the bonds of a company incorporated under the Ontario Companies Act to the extent of eighty-five per cent. of the value of the land and housing accommodation and improvements, the remaining fifteen per cent. to be provided by the company. The municipality provides no capital but lends its security to eighty-five per cent. of the undertaking. The company must satisfy the municipality that the main purpose is to supply a need for additional houses, and not to make profits; it must not declare dividends of more than six per cent, on the capital stock, and the books of the company at all times shall be open to inspection by the municipal council, which may appoint the directors.

The only company formed up to the present in Ontario has been the Toronto Housing Company. It is responsible for two attractive developments, comprising 242 apartments and eight houses. The outbreak of the war prevented the Company from carrying out its plans.

LAND AND TAXATION.—The report makes a very clear statement regarding the land problem, and discusses the various advantages and disadvantages of the following schemes for a solution of the problem.

1. Partial or total exemption of improvements with a resultant increase in the taxation of land values.

2. Payment to the State of part or all of the unearned increment when the land is sold.

3. A third method admits the same principle as the second but is equally effective if the property is not sold. It consists in taxing such increment to an amount equivalent to a reasonable interest.

4. Some measure to secure that owners declare the real value of their land and that when land is wanted for public purposes, including housing schemes, they may be made to accept approximately this price.

SOCIAL ASPECTS OF HOUSING.—A realization of the fact that families naturally tend to accommodate themselves to the character of their environment, has prompted municipalities and public-minded individuals to attempt to wipe out slum areas, and re-house the residents under proper conditions. Liverpool undertook to do this with a slum district. The scheme involved an expenditure of £1,250,000, but results amply justified the expenditure. Under the new conditions the general death rate fell by more than one-half, and the average annual death rate from tuberculosis from 4. to 1.0 per 1,000.

Individual cases of bad housing are due largely to two factors: inadequate wage to provide proper housing accommodation and a positive lack of small inexpensive houses which are at the same time comfortable and sanitary. As a result, the workman is compelled to occupy (1) an unsanitary house, or (2) apartments, or (3) a larger house than he needs, part of which he must sublet to families or lodgers.

The unmarried workers still further complicate the housing problem. The Dominion Council of the Y. W. C. A. and the Big Sister Association have brought their needs directly to the attention of the Ontario Housing Committee and urge that accommodation be provided in establishments built for the purpose and properly supervised.

In order to secure definite information from social workers regarding housing conditions, a questionaire prepared by the Ontario Housing Committee was distributed through the co-operation of the Social Service Council and the Neighborhood Workers' Association. The information received from Toronto where the work was organized by Mr. F. N. Stapleford, Secretary of the Neighborhood Workers' Association, who had the city divided into sixteen districts, was particularly complete. Six of the questions submitted were.

1. To what extent are families doubling up when they should be living singly?

2. To what extent are families living in single rooms?

3. To what extent are families taking in borders with bad results?

4. Has the tenement evil developed in your locality?

5. Are many people living in houses which should be condemned and are allowed to remain in use because of a shortage of houses?

6. Is rental taking more than 20% of the income in many cases?

The answers to these questions as given in the Report present not bald statistics but really interesting facts.

A very careful survey of sections of Toronto was made by members of a class of the Social Service Department of the University of Toronto, under the direction of Dr. W. A. Riddell. Districts of single family houses were selected for investigation and the part known as "The Ward" was not touched. In order to secure a cross section of the city the work was done on streets running north and south. Every tenth house was visited and data was made available concerning 348 houses.

To obtain an adequate conception of the conditions revealed by this investigation, the Report itself must be read. It might be stated, however, that perhaps the most striking feature on the investigation was the revelation of how large is the percentage of houses occupied by more than one family. Overcrowding may take two forms. The more obvious is that producing what is known as slum conditions where members of the same family are compelled to live together in crowded quarters. The more insidious form, that of subletting to roomers or families is becoming increasingly common.

From the information obtained from all sources it would appear that the most widespread form the housing evil takes, is the occupation of dilapidated houses or those lacking proper sanitary conveniences.

RURAL HOUSING.—The Report devotes an entire chapter to this important subject, leading up to these conclusions.

(1) That financial assistance should be available to farmers on terms similar to those obtaining in the case of lot owners in urban municipalities except that where the security is ample, the Province may loan directly to the farmer acting through the District Representative of the Department of Agriculture.

(2) That plans and specifications not only of labourers' cottages, but also of farm houses should be available at a nominal fee on application to the District Representative of the Department of Agriculture or to the Department itself.

(3) That an investigation should be made into the available sources from which a supply of the three classes of farm labor may be obtained, namely (a) that hired by the year; (b) that hired for the summer months; (c) that hired by the day, and a policy of

stimulating and regulating the supply of agricultural labour based on the result of such investigation, should be complementary to the encouragement of the building of houses to accommodate such labour.

TOWN PLANNING.—This subject is considered from various view points and the following recommendations made:

1. That the Provincial Government provide an advisory staff of experts whose duty it will be to assist municipalities entering upon town planning schemes and to ensure the adequate carrying out of such schemes.

2. That a town planning educational campaign through the press, moving picture theatres and literature issued by the department for distribution in the municipalities, be inaugurated by the Provincial Department of town planning.

3. That co-operation be sought between the town planning department and the Department of Education to the end that in our schools the case for town planning in its essentials may be incorporated in the present study of civics in order that our young people may realize the relation between town planning and good citizenship; and that the Universities of the Province establish courses of study for the training of men and women in municipal affairs, said courses to include sanitation, public health, assessment valuation, engineering, surveying, municipal accounting, civic transportation, architecture, industrial organization and general town planning.

4. That within a fixed period of time, town planning be made obligatory for all urban municipalities in the Province.

WHAT CONSTITUTES A HOUSE.—With the appropriation by the Ontario Government in July, 1918, of two million dollars for housing, and that of twenty-five million dollars by the Federal Government, in the following December, it became necessary to determine the type of house to the building of which the State should lend its aid. Careful investigation of living conditions has established certain requirements as essential and others as desirable. These requirements are discussed in detail in the Housing Committee Report.

The Appendices which make up about one-half of the Report, deal with vital points in connection with the housing and include a score or more of excellent illustrations beside 35 drawings of housing plans. Altogether the Report is one which will repay careful study. A copy may be obtained by applying to the Secretary of the Ontario Housing Committee.

M. FLEMING.

C.A.M.C. News

MONTH OF APRIL, 1919.

APPOINTMENTS.

Major Julian Southworth Boyd is appointed under the A.D.M.S., Embarkation.

Capt. Harry Clyde Robertson is appointed under the A.D.M.S., Embarkation.

Capt. Frederick Grant Banting, M.C., is posted for duty under the A.D.M.S., M.D. No. 2.

Colonel Samuel Hanford McKee, C.M.G., is posted for duty under the A.D.M.S., M.D. No. 4.

Lieut.-Colonel William Wylie Nasmyth, is appointed under the A.D.M.S., Embarkation.

Capt. Donald Alexander Warren, M.C., is posted for duty under the A.D.M.S., M.D. No. 2.

Capt. (a.-Major) John Johnston, is posted for duty under A.D. M.S., Sanitation, M.D. No. 1.

Capt. Lawrence Roy Shier is posted for duty under the A.D. M.S., M.D. No. 10.

Lieut.-Colonel David King Smith is posted for duty under the A.D.M.S., M.D. No. 2, on ceasing to be employed as Officer Commanding Davisville Military Hospital.

Major Allan Beech is posted for duty under the A.D.M.S., M.D. No. 11.

Capt. John James Danby, from D.D. No. 3, is posted for duty in the Directorate of the D.G.M.S., Ottawa, vice Major Garnet Greer.

Major Louis Wellington MacNutt is posted for duty as Officer Commanding Charlottetown Military Hospital, vice Lieut.-Colonel George Warburton.

Major George Garnet Greer, M.C., is posted for duty under the A.D.M.S., M.D. No. 3.

a.-Major Thomas Albert Watterson, from M.D. No. 6, is appointed Officer Commanding, Fleming Military Convalescent Hospital, Ottawa, vice Major W. H. Ballantyne.

Capt. James Giles Robinson Stone, from D.D. No. 2, is posted for duty on the Directorate of the D.G.M.S., Militia Headquarters, Ottawa.

Capt. James Frederick Stewart Marshall, M.C., is posted for duty under the A.D.M.S., M.D. 13, and to be appointed Officer Commanding Ogden Military Convalescent Hospital, with effect from 6th May, 1919, vice Capt. A. A. Drinnan.

Capt. George Douglas Jeffs, is posted for duty under the A.D. M.S., M.D. No. 2.

Major Collin Andrew McDiarmid, is posted for duty under the A.D.M.S., M.D. No. 4.

Major John Alfred Briggs is posted for duty under the A.D. M.S., M.D. No. 4.

Promotions.

Lieut. Philippe Auguste Charette, to be Captain.
Lieut. Harry Herbert Bruser, to be Captain.
Lieut. Elphage Lelande, to be Captain.
Lieut. Didace Romeo Bisson, to be Captain.
Capt. Alexander Gibson, to be acting Major.

Returned from Overseas.

The undermentioned officers are returned from overseas on general demobilization, for further duty, etc.

Major F. W. Kenny, Major P. Poisson, Lieut.-Colonel Selby, Major W. G. Cosbie, Capt. R. T. Washburn, Capt. J. Gibbs, Major J. T. Wall, Capt. Frank Harvey, Lieut.-Colonel C. A. Young, A.-Lieut.-Colonel D. S. Lomer, D.S.O., Major W. D. Kennedy, Capt. H. N. Harvie, Capt A. G. Thompson, Colonel R. P. Wright, Major G. Bouthillier, Capt. J. G. R. Stone, Major R. Mayrand, Capt. E. B. Moles, Major R. B. Robertson, Capt. D. E. S. Wishart, Major C. E. Saint-Pierre, Lieut. G. E. W. Crowe, Major J. F. Burgess, Capt. H. A. Simms, Capt. Millen Alexander Nickle, Lieut.-Colonel Z. Rheaume, Capt. J. L. Hammond, Major Sir Andrew MacPhail, Major W. H. Laughlin, Capt. R. Goulden, Capt. W. E. Case, Major A. J. Swan, Major F. S. Ruttan, Capt. Lambert Douglas Densmore, Major Leo Errold Parisien, Capt. James Lewin, Major Ralph Marshall Filson, Capt. Emmett Scarlett.

Retirements.

Major William Hamilton Merritt, on general demobilization.
Lieut.-Colonel George S. McCarthy, on general demobilization.
Capt. Thomas Patten Shaw, on general demobilization.

Capt. Alfred Lawther, is struck off of the strength of the C.E.F. as medically unfit.

Major George Ernest Gillies, on General demobilization.

Lieut.-Colonel Theadore A. Lomer, on general demobilization.

Capt. Evelyn Edwin Robbins, on general demobilization.

Capt. Arthur Chester Armstrong, M.C., medically unfit.

Capt. Joseph Albert Demers, on general demobilization.

Capt. Frederick William Harvey, on assuming duty with the Department of Soldiers' Civil Re-establishment.

Major Henry Pulteney Wright, on general demobilization.

Capt. a.-Major Seymour Traynor, on assuming duty with the Board of Pension Commissioners.

Lieut.-Colonel Stephen Rice Jenkins, on general demobilization.

Major Charles Buckingham Shuttleworth, on general demobilization.

Capt. Rupert Stanley Stevens, struck off strength on being medically unfit.

Major Charles Edward Saint-Pierre, on assuming duty with the Department of Soldiers' Re-establishment.

Major Howard Hampden Burnham, on general demobilization.

Major Neil MacLeod, struck off strength on being medically unfit.

Capt. George Sutherland Day, on general demobilization.

Capt. Norman Thomas Beeman, medically unfit.

Major Sir Andrew MacPhail, on general demobilization.

Capt. Charles Francis Dunfield, on general demobilization.

Programme

JOINT CONGRESS OF THE

8TH ANNUAL CONGRESS, CANADIAN PUBLIC HEALTH ASSOCIATION

8TH ANNUAL MEETING, ONTARIO HEALTH OFFICERS' ASSOCIATION

TORONTO, MAY 26TH, 27TH AND 28TH, 1919.

Convention Headquarters, Physics Building, University of Toronto.

PRELIMINARY PROGRAMME OF THE GENERAL SESSIONS.

Registration, 9 a.m.—10.30 a.m.

FIRST SESSION.

Monday, May 26th: 10.30 *a.m. Auditorium, Physics Building.*

Opening Remarks—Lt.-Col. J. W. S. McCullough, *Chief Officer of Health, Ontario, Toronto.*

The Federal Department of Health—Michael Steele, M.D., M.P., *Tavistock, Ont.*

State Health Insurance—C. J. C. O. Hastings, M.D., M.O.H., *Toronto.*

SECOND SESSION.

Nomination of Committees.

Monday, May 26th: 2*p.m. Auditorium (Room 43) Physics Building.*

Opening of Congress—Hon. W. D. McPherson, K.C., *Provincial Secretary of Ontario.*

Presidential Address—Dr. J. A. Hutchinson, *Westmount, Que.*

Symposium on Influenza.

Etiology, Epidemiology, and Incidence of Influenza—Dr. W. H. Frost, *Surgeon, U. S. P. H. Service, Washington, D.C.*

Sera and Vaccines in the Prophylaxis of Influenza—Dr. Augustus Wadsworth, *Director, Div. Laboratories and Research, State Dept. of Health, Albany, N.Y.*

Measures in the Control of Influenza—Lt.-Col. J. W. S. McCullough, *Toronto.*

THIRD SESSION.

Monday, May 26th: 8.15 *p.m. Convocation Hall, University of Toronto.*

"Psychiatric Lessons from the War"—Col. Thomas W. Salmon, *Medical Director U. S. National Committee for Mental Hygiene, Washington, D.C.*

FOURTH SESSION.

Tuesday, May 27th: 2 *p.m. Auditorium* (*Room* 43) *Physics Building.*

Some Problems of Child Welfare—Dr. Mary Sherwood, *Baltimore, Md.*
"Still Births"—Dr. Gordon Gallie, *Toronto.*
Child Welfare Work in Alberta—Dr. Heber C. Jamieson, *Edmonton, Alta.*
Discussion.

Adjournment at 4 p.m. Reception will be tendered to the Delegates at the Royal Ontario Museum.

FIFTH SESSION.

Tuesday, May 27th: 8.15 *p.m. Convocation Hall, University of Toronto.*

A Social Hygiene Programme for Canada.

Address—W. H. Zinsser, *Chairman, Social Hygiene Division, Training Camps Activities Commission, Washington, D.C.*

Address—Col. E. L. Keyes, Jr., *Surgeon-General's Office, U. S. Army, Washington, D.C.*

The U. S. Government Social Hygiene Film, "The End of the Road," will be shown probably at the conclusion of this meeting.

SIXTH SESSION.

Wednesday, May 28th: 2 *p.m. Auditorium* (*Room* 43) *Physics Building.*

Our Canadian Girl, Some Suggestions in the Reconstruction of her Adolesence. Hon. Wm. F. Roberts, *Minister of Health, New Brunswick.*

"Community Nursing"—Miss K. Olmstead, *Extension Secretary, National Association for Public Health Nursing, Chicago, Ill.*

Nursing, Medical and Hospital Problems in the Rural West—Dr. F. C. Middleton, *Bureau of Health, Regina, Sask.*

Discussion.

Business Meeting.

Adjournment at 4 p.m. for motor drive around the city.

PROGRAMME OF THE SECTION OF SOCIAL HYGIENE.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.* (Room 18.)

The Control of Venereal Diseases.

Chairman's Address—Capt. Gordon Bates, C.A.M.C., *Toronto.*

Duties of Municipal Health Authorities in Regard to the Ontario Venereal Diseases Act—M. B. Whyte, M.D., *Director of Medical Services, Department of Health, Toronto.*

The Rôle of the Laboratory—H. K Detweiler, M.D., *University of Toronto.*

The Value of Social Service Work—Mrs. L. A. Hamilton, *Toronto.*

SECOND SESSION.

Wednesday, May 28th: 9.30 *a.m. Physics Building.* (*Room* 41.)
Joint Session with the Section of Mental Hygiene.

PROGRAMME OF THE SECTION OF MENTAL HYGIENE.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.* (Room 41.)

Chairman's Address—Lieut.-Col. C. K. Russel, *Montreal, Que.*

The General Practitioner's Part in Preventing Mental Disorder—Dr. W. H. Hattie, *Provincial Officer of Health, Nova Scotia.*

Symposium on "Mental Hygiene and Immigration."

(a) Dr. C. K. Clarke, *Medical Director, Canadian National Committee for Mental Hygiene.*

(b) Major J. D. Pagé, *Director of Immigration, Port of Quebec.*

(c) Dr. A. H. Desloges, *General Medical Superintendent of Insane Asylums of the Province of Quebec.*

(d) Dr. Gordon S. Mundie, *Associate Medical Director, Canadian National Committee for Mental Hygiene.*

SECOND SESSION.

Wednesday, May 28th: 9.30 *a.m. Physics Building.* (Room 41.)

Joint Session with the Section of Social Hygiene.

The Prostitute and the Community.

(a) The Rôle of the Reformatory—Mrs. O'Sullivan, *Mercer Reformatory, Toronto.*

(b) The Rôle of the Police Court—J. W. Seymour Corley, K.C., *Toronto.*

(c) The Rôle of the Jail Physician—Dr. Owen Parry, *Toronto.*

(d) Psychiatric Considerations, discussed by—Miss M. Kniseley, *Head Worker, Social Service Department, Toronto General Hospital;* Miss E. Moss, Psychiatric Social Worker, *Toronto General Hospital;* Dr. C. M. Hincks, *Associate Medical Director and Secretary, Canadian National Committee for Mental Hygiene.*

(e) Preventive Measures—Mr. John Bradford, Representative of the "Committee of Sixteen," *Montreal, Que.*

PROGRAMME OF THE SECTION OF LABORATORY WORKERS.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.* (*Room* 30.)

Chairman's Address—The Development of the Public Health Laboratory. Professor J. J. Mackenzie, *University of Toronto.*

Institutional Syphilis—F. W. Luney, *Institute of Public Health, London, Ont.*

The Use of Type I Anti-Pneumococcus Serum—Capt. W. R. Hodge, *Connaught Antitoxin Laboratories, University of Toronto.*

A Preliminary Study in Bacteriology of Jellied Meat Products—J. A. Allan, *Ontario Veterinary College, Toronto.*

Experimental Studies in Anterio Poliomyelitis—H. L. Abramson, *Director of Laboratories, New Brunswick.*

The Bacteriological Laboratories, at the Ontario Agricultural College—D. H. Jones, *Professor, Bacteriology, Guelph, Ont.*

SECOND SESSION.

Wednesday, May 28th: 9.15 *a.m. Physics Building.* (*Room* 30.)

The Bacteriology of Swelled Canned Sardines—Wilfred Sadler, *Vancouver, B.C.*

Protein Sensitization from Parasites—Seymour Hadwen, *Biological Laboratories, Department of Agriculture, Ottawa, Ont.*

Vaccines in Influenza—Dr. O. Cadham, *Bacteriological Branch, Provincial Board of Health, Winnipeg Man.*

Visit to Connaught Antitoxin Laboratories, Downsview, Ont.

PROGRAMME OF THE SECTION OF CHILD WELFARE.

FIRST SESSION.

Tuesday, May 27th: 9.30 *a.m. Physics Building.* (*Room* 38.)
Chairman's Address—D. J. Evans, M.D., *Montreal, Que.*
Report of the Secretary—Lionel Lindsay, M.D., *Montreal, Que.*
Reports of the Various Committees.
Committee No. 1. Obstetrics—Gordon Gallie, M.D., *Toronto.*
Committee No. 2. Pediatrics—Lionel Lindsay, M.D., *Montreal.*
Committee No. 3. Propaganda—Heber C. Jamieson, M.D., *Edmonton.*
Committee..No. 4. Vital Statistics—Helen MacMurchy, M.D., *Toronto.*

SECOND SESSION.

Wednesday, May 28th: 9.30 *a.m. Physics Building.* (*Room* 18.)
"A Home for Every Baby"—Dr. Helen MacMurchy, *Toronto.*
Report of Committee "Rural Communities"—Miss M. Power, *Toronto.*
Round Table Discussion of this Report.

PROGRAMME OF THE SECTION OF MEDICAL OFFICERS OF HEALTH.

FIRST SESSION.

Tuesday, May 27th: 10 *a.m. Auditorium* (*Room* 43), *Physics Building.*
Presidential Address of the Ontario Health Officers' Association—G. R. Cruickshank, M.O.H., *Windsor, Ont.*
Some Observations on Diphtheria—W. S. Downham, M.O.H., *London, Ont.*
Sanitation of Rural Residences and Institutions—Professor P Gillespie, *University of Toronto.*
The Public Health Officer and His Relation to Public Health in Ontario—S. E. L. Thompson, M.D., *Kingston, Ont.*
A Tribute to the Late Hon. W. J. Hanna—Dr. A. H. Wright, *Toronto.*

SECOND SESSION.

Wednesday, May 27th: 10 *a.m. Auditorium, Physics Building.*
Some Observations of the Recent Epidemic—H. O. Howitt, M.O.H., *Guelph, Ont.*
Some Problems for the New M.O.H.—D. V. Currey, M.O.H., *St. Catharines, Ont.*
The Public Health Laboratory as an Aid to the Health Officer—A. J. Slack, *London, Ont.*
How Sanitary Measures Reduce the Waste of Man Power in the Army—J. W. Shaw, *Clinton, Ont.*
Water Supplies in Quebec—T. Lafreniere, C.E., *Superior Board of Health, Province of Quebec.*
Business Meeting.

Preliminary Programme

ANNOUNCING

THE THIRTY-NINTH ANNUAL MEETING

OF THE

ONTARIO MEDICAL ASSOCIATION

TO BE HELD AT

TORONTO—MAY 27TH, 28TH, 29TH, 30TH, 1919.

IN THE

MINING BUILDING—UNIVERSITY OF TORONTO.

PROGRAMME OUTLINE.

TUESDAY, MAY 27TH.

2.00 p.m.—Meeting of the Committee on General Purposes, at the King Edward Hotel.
6.30 p.m.—Round Table Dinner, King Edward Hotel.
9.00 p.m.—Completion of Meeting of Committee on General Purposes, King Edward Hotel.

WEDNESDAY, MAY 28TH.

9.00 a.m.—Registration.
10.00 a.m.—Business Meeting of the Association.
12.30 p.m.—Luncheon.
2.00 p.m.—Symposium on Influenza to be discussed under the following divisions:—

History and Epidemiology, Dr. F. A. Clarkson.
Statistical Studies, Dr. F. S. Minns.
Nose, Throat and Ear Manifestations, Dr. J. P. Morton
Neurological Manifestations, Dr. Goldwin Howland.
Obstetrical, Gynaecological and Surgical Manifestations, Dr. A. Moir.
Cardio Vascular Manifestations. Dr. Wm. Goldie.
Respiratory Manifestations, Dr. H. B. Anderson.
Pathology, Dr. W. T. Connell.
Bacteriology and Immunology, Dr. A. Caulfield.

4.00 p.m.—Entertainment—Garden Party to which the Ladies are invited.

8.00 p.m.—President's Address—Dr. G. Stewart Cameron, Peterborough, Ont.

Address on Medicine—"Shakespeare as an Aid in the Art and Practice of Medicine." Sir St. Clair Thompson, M.D., F.R.C.P., F.R.C.S., London, Eng.

THURSDAY, MAY 29TH.

9.00 a.m.—Sectional Meetings—Medicine.
Surgery.
Obstetrics and Gynaecology.
Eye, Ear, Nose and Throat.

12.30 p.m.—Luncheon.

2.00 p.m.—Address on Obstetrics—"The Nutrition of the Fetus," J. Morris Slemons, Prof. of Obstetrics and Gynaecology, Yale University.

3.00 p.m.—Medical Problems in Relation to Rehabilitation.
Diseases of the Respiratory System, Dr. J. H. Elliott.
Cardio-Vascular Diseases, Dr. C. S. McVicar.
Functional Neurosis, Dr. Geo. Boyer.
Mental Conditions, Dr. C. K. Clarke.

4.30 p.m.—Business Meeting of the Association.

8.00 p.m.—War Surgery—
General Introduction, Col. A. Primrose, C.B.
X-Ray Advances during the War, Col. R. E. Wilson.
Surgery of the Thorax, Maj. A. L. Lockwood, D.S.O. M.C., Col. P. K. Menzies.
Surgery of the Knee, Col. J. A. Kidd.
Surgery of the Humerus, Maj. Geo. Ewart Wilson.
Cranioplasty, Col. C. H. Gilmour.
Nerve Restoration, Maj. D. E. Robertson.
Prosthetic Surgery, Lt.-Col. Guy Hulme.

FRIDAY, MAY 30TH.

9.00 a.m.—Sectional Meetings. Medicine.
Surgery.
Obstetrics and Gynaecology.

2.00 p.m.—By invitation the afternoon session will be held at the Dominion Orthopedic Hospital, Christie Street, Toronto, where the work in the various departments will be demonstrated.

MEDICAL SECTION.

DR. JOHN F. SHEAHAN, *Chairman.* DR. F. C. HARRISON, *Secretary.*

Thursday—Sectional Meeting.

Congenital Pyloric Obstructive Conditions, Dr. Allan Canfield.

Radiographic Studies of the Upper Abdomen, Dr. H. M. Tovell.

From Notes on Febrile Conditions met with in Macedonia during the War, Dr. H. C. Parsons.

Auricular Flutter and its Treatment, Col. John Meakins, (Montreal).

Friday—Sectional Meeting—Symposium on Nephritis.

Anatomy of the Renal Tubule, Prof. J. Playfair McMurrich.

The Modern Theories of the Kidney—Function, Prof. J. J. McLeod.

Tests of Functional Capacity, Prof. Andrew Hunter.

Trerapy of Nephritis, Dr. Herman O. Mosenthal (New York).

SURGICAL SECTION.

DR. EDMUND E. KING, *Chairman.* DR. T. A. ROBINSON, *Secretary.*

Thursday and Friday—Sectional Meetings.

Surgery of Hour-Glass Contractions of the Stomach, Dr. W. H. Harris.

X-Ray Diagnosis of Gastric and Duodenal Ulcers, Dr. G. E. Richards.

Tumours of the Bladder, Dr. W. A. Cerswell.

Papers not yet announced by—

Dr. Ingersoll Olmstead.
Dr. J. A. MacGregor.
Dr. E. R. Secord.
Dr. Malcolm Cameron.

OBSTETRICAL AND GYNAECOLOGICAL SECTION.

DR. B. P. WATSON, *Chairman.* DR. J. GORDON GALLIE, *Secretary.*

Thursday and Friday—Sectional Meetings.

Indications and Contra-indications for the use of Obstetrical Forceps, Dr. A. H. Frawley.

The Treatment of Puerperal Septiceemia, Dr. G. C. Copeland.

On Backward Displacements of the Uterus, Dr. A. C. Hendrick.

The Role of the Prenatal Clinic, Dr. J. Gordon Gallie.

Treatment of Gonorrhoea in the Female, Dr. W. W. Lailey.

Additional Papers not yet announced will be presented.

EYE, EAR, NOSE AND THROAT SECTION.

DR. F. C. TREBILCOCK, *Chairman.* DR. J. C. CALHOUN, *Secretary.*

The Eye, Ear, Nose and Throat Section is especially fortunate in the prospect of visits from Sir St. Clair Thompson, of London, Eng., and Dr. Alfred Braun, of New York. We have not the titles of the subjects which the former will introduce at our Section Meeting, but we know that the latter will speak on "The Value of the Examination of the Internal Ear." In addition we shall have contributions from members nearer home.

The Section proposes to hold only one session on Thursday morning; it ought to be full of interest and afford an opportunity to meet again those members who have returned from work overseas.

Every indication points to a very interesting programme for this, our thirty-ninth (Victory) Annual Meeting. The Programme Committee has been singularly fortunate in obtaining the co-operation of many distinguished visitors, as well as members of our own Association to take part in the meetings.

It is hoped that every member of the Association will make a special effort to be present.

Classes proposing to hold Re-Union Dinners are reminded that organization preparations should be commenced at once. With the War now over and many Medical Officers having returned from overseas, class Re-Unions should be popular.

The Committee on Arrangements will be pleased to render any possible assistance.

DR. F. W. MARLOW,
417 Bloor Street W., Toronto,
Chairman, Committee on Arrangements.

DR. T. C. ROUTLEY,
66 Bond Street, Toronto,
Hon. Secretary.

DR. G. STEWART CAMERON,
Peterborough, Ont.,
President.

The Provincial Board of Health of Ontario

Spanish Influenza and Pneumonia

It is satisfactory to know from reports received for April the epidemic of Influenza that has caused so many deaths in the Province for the last six months is disappearing very fast as the marked decrease in deaths for April would indicate. During the earlier months of the outbreak the deaths were in the thousands, and for the last month they have diminished to 137 for Influenza and 341 for Pneumonia. The deaths for March were 285 from Influenza and 418 from Pneumonia. The deaths from all causes reported by the undertakers are 2,510.

Communicable Diseases reported by Local Boards of Health for the Month of April, 1919

THE New Regulations recently passed by the Provincial Board of Health require, Influenza, Acute Influenzal Pneumonia, Acute Primary Pneumonia, Trench Fever, Typhus Fever, Relapsing Fever and Dysentery (both Bacillary and Amoebic) to be reported weekly by Local Boards with the other communicable diseases on forms supplied by the Provincial Board. The first cases and deaths under the new regulations have been received, and will be seen in the Comparative Table.

It will be observed the cases of Smallpox are 7 less than in April, 1918, and are spread over 11 municipalities. The reports of Scarlet Fever cases show 53 less, with 9 fewer deaths. The returns of Diphtheria gives 145 fewer cases with 8 more deaths, which would indicate the disease is of a more virulent type than in the corresponding month of 1918.

The Provincial Board distributed 21,517,000 units of Antitoxin during the month to places where the disease existed.

The following biological products were supplied *free* by the Provincial Board of Health, Ontario, during the month of April, 1919:—

Smallpox Vaccine	3,935 Cap tubes
Diphtheria Antitoxin	21,957 M. Units
Diphtheria Antitoxin	1,160 Syringes
Anti-Meningitis Serum x 20 c.c.	171 Vials
Anti-Meningitis Serum x 20 c.c.	10 Outfits
Tetanus Antitoxin	475.500 Units
Tetanus Antitoxin	63 Syringes
Pertussis Vaccine	203 Boxes
	64 Bottles of 10 c.c.
Silver Nitrate Solution	241 Boxes

COMPARATIVE TABLE OF COMMUNICABLE DISEASES BY LOCAL BOARDS OF HEALTH.

	1919. *April.*		1918. *April.*	
Diseases.	*Cases and Deaths.*		*Cases and Deaths.*	
Smallpox	32	0	39	0
Scarlet Fever	330	7	383	16
Diphtheria	204	30	349	22
Measles	53	2	1,461	11
Whooping Cough	48	3	240	4
Typhoid	10	3	38	5
Tuberculosis	191	152	187	122
Infantile Paralysis	0	0	2	1
Cerebro-Spinal Meningitis	12	12	17	12
Meningitis	20	18	—	—
Acute Primary Pneumonia	6	2	—	—
Acute Influenzal Pneumonia	1	1	—	—
	907	230	2,716	193

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH.

	April 1919. *Cases.*	*March* 1919. *Cases.*
Syphilis	110	97
Gonorrhoea	139	183
Chancroid	3	4
	252	284

NOTE—Syphilis caused 4 deaths; 2 adults and 2 babies.

Editorial

Dominion Government Annuities

We wish to direct attention to the Annuities issued by the Government of the Dominion of Canada. For persons of all ages, there is no way in which savings can be more judiciously invested than in some form of Dominion Government annuity. The benefits accruing from systematic saving are so well known that they require no elucidation here. We desire, however, to emphasize the fact that the proceeds of such saving can be so invested that an independent old-age can be arranged for by almost everyone of us if we will but save a little and invest it wisely. We advise all who are interested to write to the Post Office Department, Annuities Branch, Ottawa, for further details. Letters so addressed do not require a stamp.

The Passing of the Old Order

The spirit of self-sacrifice which has so magnificiently animated the vast majority of Canadians during the past five years should not be allowed to wane during the period of Reconstruction.

A return to petty bickerings, religious, political and social will never be tolerated by those men who have seen thousands of their fellows pay the supreme sacrifice, and who have themselves endeavored to do their part, however humble, in the fighting areas.

We fought the Germans to vindicate an ideal, Let those who have causes which they wish to prosecute, ask themselves: are these really worthy of a fellow-countryman of the lads whose last resting-place is marked by a small white cross in shell-torn fields, in a foreign land?

News Items

It is believed that there are now sufficient subscribers to The Public Health Journal, who are actively engaged in public health and closely related work, to warrant the devotion of a page in each issue of the Journal to items of interest to workers in public health, social service and allied fields. Such items will be gladly received and our readers are requested to help us make this personal page one of interest.

LT.-Col. E. G. Zabriskie, of New York City, has been designated Senior Consultant in Neuro-psychiatry for the American Expeditionary Forces, succeeding Col. Thomas W. Salmon, who has returned to the United States for duty in the Surgeon-General's office. Lt.-Col. Zabriskie went to France as Divisional Neuro-psychiatrist of the Fourth Division. Subsequently he was Consultant in Neuro-psychiatry to the Third and Fifth Corps and to the First Army. After the armistice he served as Consulting Neuro-psychiatrist to the Savenay Hospital Center.

The Act respecting the Department of Health, Bill 37, has passed its second reading and it is to be hoped will soon be put through the Senate and find its way into the Statutes. That, however, is not sufficient. An adequate budget is necessary to initiate the work on a satisfactory scale, and we trust the Finance Minister has made proper provision for this new and extremely important Department.

The programme of the Public Health Congress is now in the hands of our readers. It is a matter for congratulation, that never in the history of the Canadian Public Health Association or the Ontario Health Officers' Association, has a programme of more varied and practical interest been arranged.

During the week of April 28th, Dr. George D. Porter delivered a series of lectures on Tuberculosis, in Battle Creek, Michigan.

Dr. C. J. O. Hastings, Medical Officer of Health, Toronto, delivered an address recently before the Chamber of Commerce, London, Ontario, on Modern Municipal Public Health Organization.

The following names have been associated, by the daily press, with the post of Deputy Minister of Health, Ottawa: Lt.-Col. John A. Amyot, C.M.G., Professor of Hygiene, University of Toronto; Lt.-Col. T. A. Starkey, Professor of Hygiene, McGill University; Dr. Peter H. Bryce, Chief Medical Officer, Department of the Interior, Ottawa; and Dr. Hibbert W. Hill, of the Minnesota Public Health Association, and formerly Director of the Institute of Public Health, London, Ontario.

Our readers will regret to learn that Lt.-Col. George G. Nasmith, C.M.G., Director of Laboratories, Department of Health, Toronto, has been seriously ill for the past three months. All will join us in expressing the sincere hope of complete recovery in the near future.

Readers of the Journal are urged to make every endeavor to attend the Public Health Congress in Toronto on May 26th, 27th, and 28th next. The meetings promise to be of the greatest value from a public health educational standpoint.

Plans are almost complete for a Local Baby Welfare Week to be held in Toronto commencing September 15th next. It is expected that further details will be available shortly and these will be given in an early issue of the Journal.

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Librarian, University of Toronto, TORONTO

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The Public Health Journal

Vol. X JUNE, 1919 No. 6

Presidential Address*

The Necessity of Legislation to Prevent the Marriage of Physical and Mental Defectives and Those having Communicable Diseases

Canadian Public Health Association.

Dr. J. A. Hutchinson
Westmount, Que.

OUR code constitutes the ministers of religion of the various denominations, officers of civil status for the purpose of solemnizing baptisms and marriages and enregistering them. It also provides the hindrances to marriage: and in article 127, it provides that other hindrances admitted according to the different religious beliefs as resulting from relationship or affinity, or other causes, remain subject to the rules hitherto followed in different churches and religious societies; and in article 129 it is provided as follows: "Nevertheless no one of the functionaries thus authorized can be obliged to celebrate a marriage against which there exists any impediment according to the doctrines and beliefs of his religion and the discipline of the church to which he belongs".

Apart from this, every minister, in charge of a church, is obliged to celebrate marriages among the members of his church when demanded, unless there exists some legal impediment.

At the present time, as far as I am aware, there is no law in Canada to prevent the marriage of the unfit, outside of an Insane Asylum, providing that a clergyman or magistrate is found willing to perform the ceremony. Such a state of things should not exist among intelligent people.

* Read at the Eighth Annual Congress of the Canadian Public Health Association, held in Toronto, May, 1919.

A prominent clergyman was lately asked to sanction a proposal, that the clergy refuse to marry a couple, unless a medical certificate of good health was produced by the groom. His answer was that "if he refused to marry them, they would live as man and wife without marriage and in that case he would choose the lesser of the two evils and marry them. This reply may seem plausible, but the morality of such an act is indeed questionable. Other clergymen, who have considered this subject, reply as follows: That there should be legislation, requiring a medical certificate of good health, before presenting themselves for marriage—and this seems to be a sensible way to solve the question.

The State demands a licence or proclamation of the banns of marriage in church before marriage. The State also demands restraints as to consanguinity. There is also the law as to age and the law forbidding polygamy. It is surely only logical and reasonable that the State take a further step and demand some guarantee that the contracting parties are in good health. The public need to have the facts, regarding the propagation of the feeble minded and the diseased, placed before them, and then they will demand that restrictions and safeguards be made in order to maintain a healthy and virile race in our land.

Let me, for a moment, refer to two instances which lately occurred in my own practice. The first illustrates the awful effects resulting from the marriage of a syphilitic. This man, having syphilis, married, about 20 years ago, an apparently healthy young woman. Her clinical history subsequently ran as follows—several miscarriages, seven living children, six of these died in their early youth and only one living at present, a feeble creature in mind and body. The wife is now a wreck physically.

The second case illustrates the folly of a marriage when there is a tendency to insanity: A young man about 21 years of age developed insanity and was sent into the Insane Asylum. In a few months he was sufficiently recovered to be allowed to return to his home, but had not fully recovered. He was engaged to marry a young woman and after a family consultation, a clergyman, who knew all about the case, married this couple. In about a year he was again violently insane and had to be sent back to the asylum.

Such cases, as I have indicated, are not isolated ones but are frequent as every general practitioner knows.

Surely here is a lesson for all of us. I venture to say that many doctors present can recall just such cases.

Then take the result of a marriage, if one of the contracting parties has gonorrhea. It is like carrying coals to Newcastle, to tell you of the almost inevitable consequences which follow, as sure as darkness follows daylight.

We hear a good deal, especially at marriage ceremonies, of the sacredness of marriage. If we believe in the sacredness of marriage, and I presume we all do, then the best way to show the sincerity of our belief is to guard the portals of the marriage state.

Clergymen or magistrates, who officiate, are unable to know whether a man or a woman is infected with any disease or not, and are therefore innocent of the crime they are committing in marrying a person with venereal disease in its communicable form. If greater attention was given to this question and diseased persons were prevented from marriage, we should hear less of divorce proceedings. From whatever point of view we regard it—the happiness of the family, the strength and virility of the race, only good can result by guarding the marriage relation. As an educative measure, I believe it would do much good. The public would soon learn to appreciate it, and a man having a venereal disease would endeavour to have himself cured before proposing marriage.

This law may not deter the thoughtless and vicious, but it will be a deterrent in many cases and the violators may be punished—thus in the end it will be educational and it will finally be observed, as other laws are. It will at any rate improve the race by better breeding and eliminate a number of mental and other diseases.

It is now known that 25 per cent. of all blindness is caused by gonococcus infection and nearly all blindness of infants is due to the fact that the mother had gonorrhea before the birth of the child. Also it is known that 80 per cent. of the serious inflammatory diseases, peculiar to women, necessitating serious operations and sometimes resulting in death, is due to the gonococcus germ. Again the woman is often rendered sterile and sometimes to permanent invalidism.

Is it not remarkable how little attention is paid to the mental and physical condition of the couple intending to marry? While the farmer and horticulturist study the best way to improve their animals and plants, by judicious selections, the human animal is allowed to do as he pleases. This is not an individual affair, but it is one of the race. It means simply this, that if we allow the feeble minded and the diseased to propagate, then the race will degenerate.

This is not a new idea. Other countries are taking action and Canada should not be behind in measures to keep her sons and daughters from degenerating. In 1912 the Federated Churches in Chicago, supported by 200 clergymen, adopted a resolution in favour of a medical certificate, declaring that both parties were physically and mentally qualified to contract marriage. This question has been discussed in almost every State Legislature in the American Union and several of these States have passed resolutions with the object of demanding medical evidence that the contracting parties are in good health.

The physician, before giving the certificate, should consider alcoholism, tuberculosis, feeble mindedness, insanity, criminal tendencies and venereal diseases as a bar to marriage.

In conclusion I would like to quote the words of a petition by Dr. Mjoon to the Storthing in Norway in 1913.

"Among the many advantages that would result from such health declarations, may be included, the awakening of the sense of individual moral responsibility and the national conscience in regard to marriage and the health of the race, for no one of either sex could marry without first having to ask himself the question—whether or not he is physically fit for marriage. The result would be that a large number of defective individuals, such as those whose offspring are now supported by the community, would renounce the idea of founding a family. The burdens borne by the public, in the form of poor law rates, prosecutions, prisons, homes and schools for the feeble-minded would be lightened. There would be an improvement in the genetic qualities of the race, bringing with it health, strength and happiness".

In other words, a legal health declaration before marriage would be the first step towards a practical system of "National Hygiene".

It has been suggested to me that I should formulate a plan for the purpose of carrying into operation the reform in question.

After consideration, it seems to me that this would be inadvisable at present. There still exists a very considerable body of opinion, especially in the Province of Quebec, which would oppose legislation of the character referred to, part of this opinion is based on religious consideration and part is due to the very considerable want of information as to the seriousness of the condition which exists in this country.

Any reform and especially one which limits individual freedom must have the support of a very considerable majority of the people if it is to produce any satisfactory results. It follows in my judgment that the proper course to adopt would be to obtain and publish statistics indicating the extent and seriousness of the evil to be combated, so as to awaken a public demand for the legislation in question. When that has been done, although there will be obstacles to surmount, there can be no doubt that at least a moderately satisfactory plan for carrying into effect the proposed legislation can be developed.

The Management of Venereal Diseases by the United States War Department during the past Two Years*

By Col. E. L. Keys, Jr.
U.S. War Department.

IT is as yet too soon to attempt a final judicial statement of the methods whereby the United States War and Navy Departments attacked the problem of venereal disease as it appeared among our soldiers and sailors during our participation in the world war. Both the Services worked along the same lines, but circumstances were such that the army was able to carry out a much fuller campaign than was the navy, and the army did its work among a much larger body of men. Let this be my excuse for confining my remarks entirely to the work done by the army.

But although our present judgment upon this subject can make no pretense as being final it can at least pretend to be timely, for the campaign against venereal disease in the United States at present consists in an effort to translate the work done during war time into peace terms, to spread throughout the country the repressive and educational measures that seemed so efficacious about the camps during the period of hostilities. In this work the health officers of Canada aspire to have a share. Such is the excuse for my effort to sketch to you the situation in reference to venereal disease, as it has appeared in the United States Army, and the measures taken for its control.

Pre-War Conditions.

In the beginning of the year 1917 army regulations bearing upon venereal disease were the following:

1. The sale of alcoholic drinks within government reservations was forbidden.

2. Line and medical officers were required "to do their utmost to encourage healthful exercises and physical recreation, and to supply opportunities for cleanly social and interesting mental occupation for the men under their command, to take advantage of favourable opportunities to point out, particularly to the younger men, the inevitable misery and disaster which follow upon intemperance and uncleanliness;

* Read at the Eighth Annual Congress of the Canadian Public Health Association, held in Toronto, May, 1919.

and that venereal disease is almost sure to follow licentious living and is never a trivial affair (G.O. 17, May 31, 1912)".

3. Bi-monthly inspection of enlisted men was required to be made by the medical officer accompanied by the Detachment Commander. These inspections related to the condition of the feet and footwear, the cleanliness of the men and the presence or absence of venereal disease. (*Ibid*).

4. Men who had exposed themselves to the danger of contracting venereal disease were required to report at once upon their return to camp for prophylactic treatment. A soldier failing to comply with these instructions was tried by court martial (the usual penalty being a fine of two-thirds of pay for one to three months) (G.O. 17). And furthermore, any officer or enlisted man absent from duty on account of venereal disease was deprived of pay during such absence (G.O. 31, September 12, 1912).

Meanwhile outside of the army the serious study of the best methods for the control of venereal diseases was the object of many local bodies, notable among them The American Society for Sanitary and Moral Prophylaxis from which was developed the Federation of Sex Hygiene and finally, in 1912, the American Social Hygiene Association. These societies were either directly under the leadership of or drew their inspiration from the life work of the late Dr. Prince J. Morrow. They united in denying the so-called necessity of the male, they advocated sexual continence and the repression of prostitution, the best expression of their views on this latter point being the works of Dr. Flexner, entitled "Prostitution in Europe".

Most of these societies interested themselves only indirectly with the medical aspect of the question, such as the registration of venereal cases, the suppression of quack physicians, and the encouragement of dispensaries and hospitals for the treatment of venereal diseases. But health officers all over the country were aware of the necessities in this regard, and were doing what they could to supply facilities for treatment and to encourage the registration of venereal cases as well as the physical examination of candidates for matrimony. Thus in my native city, New York, registration of venereal cases by number has been encouraged by the health authorities for the past five years. The Health Department has managed a diagnostic clinic and advertised it in opposition to quack advertisements. The health officer has inspected clinics treating venereal diseases and has set up a standard to which such clinics must conform. The Brooklyn dispensary has established social service for venereal cases in imitation of the work which was originated at the Massachusetts General Hospital. In other states pre-nuptial health certificates were required and in Massachusetts the fight for free salvarsan was on,

which has since resulted in the production of this drug at a nominal price by the State laboratories, the first step in breaking a trade monopoly.

Such was the situation at the outbreak of the war. Both the civil and the military authorities were prepared to advocate a strenuous campaign for the suppression of venereal diseases.

The Anti-venereal War Campaign.

The groundwork for the suppression of venereal diseases was laid with great promptness and extraordinary foresight.

1. The sale or gift of alcoholic beverages to officers or enlisted men was prohibited, as was the possession of any such beverages within the confines of any military station.

2. The Secretary of War was authorized and directed "to do everything by him deemed necessary to suppress and prevent the keeping or setting up of houses of ill-fame within such distance as he may deem needful of any military camp", etc. (H.R. 3545, May 18, 1917). In accordance with this Act the Secretary of War established a five mile limit around camps, etc., within which the sale of liquor was prohibited and prostitution suppressed. In personal communications from the Secretary of War the civil authorities were urged to cooperate in this matter, not only in the letter, but also in the spirit of the law and to generalize these regulations as far as possible.

In this same month of May the Commission on Training Camp Activities, with Mr. Raymond B. Fosdick as chairman, was established by the War Department. This commission assumed the function of managing or supervising all educational, recreational and inspirational work within the camps and in the civil communities directly connected with the camps; the Legislative Department of the Commission, under Major Bascom Johnson, supervised and checked up the activities of the civil authorities in the suppression of alcoholism and prostitution in the camp zones; and other departments of the C.T.C.A. established relations with all the civil and military bodies whose activities in any way related to the general hygiene or recreation of the men and also to the repression of vice and venereal disease.

At about this same time the Public Health Service of the Treasury Department began a study of the epidemiological problem of the control of venereal diseases which now is coming to the fore as the most important and the most permanent feature of the whole campaign. The War Department programme was summed up as follows:

1. Army Medical Department, in control of military measures for combating the venereal diseases.

2. United States Public Health Service, epidemiological measures for the control of venereal diseases in the civil sanitary districts.

3. War Department, Commission on Training Camp Activities in charge (*a*) law enforcement measures in the department zone, and (*b*) recreation measures in the department zone.

4. Civil authorities co-operating with the commission in law enforcement, recreation facilities for the treatment of venereal diseases, and protection and control of women and girls.

5. Nonofficial agencies.

* * * * * * * *

The general features of the educational campaign will be detailed to you by Mr. Russell. The law enforcement activities were so successful that by the end of September 1917, it could be reported that there was not a red light district within five miles of any important military or naval establishment in the United States. By June, 1918, red light districts had been put out of business in more than eighty cities, and it can be said with justice that the official recognition and regulation of prostitution is absolutely dead in the United States to-day, and will stay dead.

Meanwhile, the sanitary activities of the Public Health Service have made themselves felt. On January 2nd, 1918, Surgeon General Blue communicated to State Health Officers his famous memorandum relative to the control of venereal diseases, calling for registration, quarantine and treatment of infected persons, and public education by means of publications, posters, social work and education of infected persons. In July, 1918, the Chamberlain-Kahn Act appropriated $4,100,000.00 for the above purposes, the money to be distributed under the guidance of the Interdepartmental Social Hygiene Board, consisting of the Secretaries of War, Navy and Treasury and the Surgeon Generals of the army, navy and Public Health Service. A Division of Venereal Diseases was established in the Public Health Service for the purpose of studying the venereal situation, of co-operating with the State Boards of Health and of suppressing the interstate white slave traffic. The sinews of war thus provided and placed at the disposal of the Public Health Service in co-operation with the State Boards of Health are assuring an intelligent and nation-wide study of the problem, the widespread effect of which is symbolized by the fact that no less than thirty-nine states now require the reporting of venereal diseases. Courses in social work for venereal diseases have been established at the instance of the Public Health Service, and every hospital and dispensary in the country is being circularized, investigated and encouraged to live up to the highest standard in the treatment of venereal diseases, the Public Health Service being prepared not only to encourage and support such institutions or

to suppress them if inefficient, but also to set up clinics of its own wherever necessary for the diagnosis and treatment of these diseases.

Such are the broad lines of the campaign which the United States Government has carried out. Those of you who are interested in the voluminous literature describing its more intimate details may obtain information on application to the Public Health Service, Treasury Department, Washington, D.C., or by reference to Social Hygiene, the quarterly magazine published by the American Social Hygiene Association of New York City.

In order to sketch you the results accomplished let us refer to the War Department Reports of Incidence of Venereal Diseases.

Incidence of Venereal Diseases in the Civil Population.

In the early period of mobilization there was considerable confusion in the checking up of venereal diseases partly because the Draft Boards had not shaken down to a uniform method of examination, and partly because some boards made the mistake of refusing men suffering from venereal disease not otherwise incapacitated. It is stated that during this period prostitutes who were willing to guarantee that they could convey venereal disease did a thriving business and demanded high prices in certain cities. Later on, however, it was generally understood that venereal diseases did not disqualify as such, and a uniform method of examination was practised all over the United States. This examination disclosed only the obviously diseased.

The Public Health Service has recently published (V.D. pamphlet No. 30 and 47), the percentage of venereal diseases discovered among the second million drafted men. At the time of mobilization 5.4% of these men were found to have obvious cases of venereal disease (unfortunately no separate records were kept for gonorrhea and syphilis). The chart discloses rather startling facts. Among the cities with a population of 500,000 or over, New York City showed the lowest venereal rate with 2.44%, and the highest rate in this group was 5.58%. Among the cities from 100,000 to 500,000 population the lowest rate was shown by Cambridge, Massachusetts, with 2.03%; eight out of the 57 cities had a rate of over 10%, the highest being 18.67%. Among the fifty-two cities of from 50,000 to 100,000 population, Bayonne, New Jersey, had the lowest rate with 0.82%, and there were 12 of the 52 cities with a rate over 10%, the highest being 27.45%. Among the 64 cities with a population between 30,000 and 50,000 population, Jamestown, New York, had the best rate with 0.8% and there were but 9 cities with a rate above 10%, the highest being 18.43%. On the face of it this would seem to show that cities with a population of from 50,000 to 100,000 inhabitants

have the greatest amount of venereal disease, but no such inference is justifiable, for the cities, like the States with high rates, are all in the Southern portion of the country where the mixture of races, the relatively small per capita distribution of wealth, and the relatively large percentage of illiteracy go with a large percentage of venereal diseases. One conclusion is justifiable, namely, that the percentage of venereal disease does not, in the United States at least, increase with the size of the city. Indeed the superior opportunities for treatment in cities may account for the fact that the city rate is not inevitably much higher than that of the surrounding country. The report of the Surgeon General of the army for 1918 states that the city rate is almost twice the rural rate. It would seem that the distribution of venereal diseases is regional, and related rather to the enlightenment and economic conditions of the population than to their grouping in cities.

Incidence of Venereal Diseases Before and After Enlistment.

The Surgeon General of the army has kindly communicated figures that have been collected from five of the larger camps during the periods of March 29th, 1918, to January 24th, 1919. The strength of the total command represented rose from 165.895 in April to 230.238 in September and fell to 105.000 in January. The annual rate per thousand troops of newly reported cases of venereal diseases acquired *before enlistment* rose from 269.31 in April to 496.22 in August, and fell to 35.65 in January, the lowest figure before December having been in the month of October with 189.05 per mill. During this same period the annual rate of newly reported cases per thousand troops acquired *after enlistment* was 16.98 in April, 1917, fell to 4.55 in August and rose to 20.42 in January, 1918.

The totals perhaps express the situation more clearly. During these ten months there were reported in these five camps 46,908 cases of venereal disease. 45,339 among these were acquired before enlistment, and only 1,569 were due to exposure after arrival at the camp. The average stay of men in camp is not stated, but it is believed to have been between two and three months.

You are better able than I to discern the futility of attempting an absolute comparison between figures such as these. Much of the pre-enlistment venereal disease consisted of old uncured cases of gonorrhea or syphilis, and doubtless a great deal of it was attributable to the final debauch before enlistment, the soldier's "bachelor dinner" as it has been termed. But after all allowances have been made the contrast is, to say the least, a striking one, and speaks volumes for the success of the campaign against venereal disease.

Social Hygiene and Medical Prophylaxis.

Doubtless no campaign ever ended successfully without resulting in a squabble among the victors over the distribution of the spoils. The squabble in this instance is a genteel one, and it would be interesting to derive from published statistics some conclusion which might throw light on the relative virtue of inspiration, education and recreation of the men, repression of prostitution and the so-called prophylactic treatment. Unfortunately, the figures do not lend themselves to any interpretation which will favour either side. It might have been expected that a comparison between the results obtained at home, and abroad, might show something, but although the conditions under which the soldiers lived were different in many respects, the results, as far as their venereal rate went, were not far apart. The rate (after enlistment) at home was about 2 new cases per hundred men per year, in the Am. E.F. about 4. What does this mean? The venereal rate of one of our ally's armies for many years before the war varied scarcely a fraction of 1% from year to year, so that one could not but expect that the influence of military routine was dominant in keeping the figure at a fixed point. We cannot believe that the same applies to the United States Army. A fairly intimate acquaintance with the Statistical Bureau of the Surgeon General's office, of the American Expeditionary Forces, and with the Surgeon General's office in Washington, justifies me in absolutely denying any such suggestion.

But if the military mind is not the dominant thing in keeping these figures so nearly equal is it not possible that the reaction of the American soldier to military routine and environment is the common factor which determines the common low rate? I fancy this is actually the case. There were striking differences between army life in France and at home. In France absolute prohibition of alcohol was so impossible that it was not even attempted. Nor was repression of prostitution possible—for two reasons. In the first place, French cities and even the smaller towns contained great numbers of unregulated prostitutes and in the second place, the French government approved the establishment of houses of prostitution for the army, and wholly failed to sympathize with the regulations of the American Expeditionary Forces prohibiting our soldiers from visiting these houses. Under such circumstances one gets the impression that the low rate for venereal diseases among our soldiers in France is not adequate evidence of their total abstention from sexual contact. Divisions in the line are, of course, relatively clean. Monthly reports from them showing no more than 5 or 10 new cases of venereal disease among 20,000 or 30,000 troops were by no means exceptional. But on the other hand such large cities as Paris, Bordeaux and

Tours showed a very high rate for venereal diseases, the new cases running as high as 10 or 12 per 1,000 per annum during certain months.

Perhaps the most vivid contrast that I have noticed between the statistics of the home forces and the American Expeditionary Forces in reference to venereal disease, is the striking disproportion in the number of prophylactic treatments taken in the five camps above cited, for example, the mean strength of the command was 182,651 men. The total number of prophylactic treatments administered for the ten months was 38,283 an average of 3,828 a month, a rate of one prophylactic treatment for every forty-seven men per month. In contrast to this, Base section, No. 2 of the American Expeditionary Forces, had a mean strength of very close to 50,000 white troops during the first year of its existence, during which time there were administered to them a little over 116,000 prophylaxes, or one to every five men per month, a rate of prophylaxis nearly ten times as high as in the camps in the United States.

Perhaps this means that in France the men were more careful to take prophylaxis than at home, for they were very deeply impressed with the infectiousness of women of another race, whereas at home the soldier naturally thinks his own women are clean (needless to say there is very small justification for the latter opinion). Indeed the troops in England, though few in number, showed a much smaller prophylactic rate than those in France which is presumably due to the fact that the more lucidly one can converse with a woman the less one is likely to suspect her of having venereal disease. But with all allowances made it seems evident that the low rate of prophylaxis among the home forces speaks also for the efficiency of the social hygiene whereby their relations with women were put upon a much higher plane than they could be abroad.

As to the efficiency of prophylaxis itself the figures of Base Section No. 2 showed at the end of a year failure of prophylaxis in 1.7% of cases among white troops, and in 2% of cases among coloured troops. It has been estimated with some faint semblance of probability that the soldier's prospect of acquiring venereal disease is not far from 10%. The reduction to 2% among a large series of cases in a command that at one time numbered more than 100,000 men is certainly to the credit of prophylaxis.

I permit myself to register the impression that individual prophylactic packages, as they have been employed in the army, are not nearly so efficacious as the prophylactic station, and that there is every reason to feel that such benefits as have been attributed to prophylaxis within the army could not be duplicated in civil life because under the best of circumstances dispensary prophylaxis will not be accessible at the hours

when it is most needed, and prophylaxis given by the individual himself is of uncertain value.

My personal interest in the social hygiene aspect of this campaign would lead me to entertain you at great length upon the demonstration which was made in several cities in France that putting the regulated houses of prostitution out of bounds actually diminished the number of prophylactic treatments taken by the men, and the number of venereal diseases acquired by them. During ten months I was familiar with this situation as it was in France, and in only one small town did the rate of venereal diseases rise when the house of prostitution was closed to the American army. Curiously enough in that instance the rise in the rate of V.D. was due to an epidemic of chancroid.

The Future.

This somewhat sketchy review of the methods employed, and the results obtained in the control of venereal disease by the United States army during the past two years, fails to do justice to the facts of the case. During this brief period we have actually seen a complete reversal of the nation's attitude in reference to the hygiene of venereal diseases, the profession of prostitution and the masculine attitude toward chastity and purity in general. There have been developed a body of experienced men qualified to carry throughout the nation the reforms which the govermnent has instituted; this campaign has been financed by Congress, and the Public Health Service is energetically conducting it. I cannot command the colourful language necessary to express to you my enthusiasm over the prospects before us, but I should indeed be lacking in all sense of proportion did I not close with a word of appreciation for the work of Lieutenant Colonel William F. Snow, in charge of the section for the prevention of venereal disease, of the Surgeon General's office, of the United States army. Colonel Snow has been almost literally the body and soul of the great change which has taken place. He, himself, will never tell you what he has done, but of such men we may well be proud to boast.

The Federal Department of Health*

By Dr. Michael Steele, M.P.
Ottawa.

FOR half a century more or less desire has been expressed for a Federal Department of Health. At Confederation so little interest was taken in the subject that the B.N.A. Act failed to assign Public Health generally to the jurisdiction of either the Provincial or Federal Parliaments; but Section 91 of that Act said:

"It shall be lawful for the Federal Government of Canada to legislate on all matters not coming within the classes of subjects by this act assigned exclusively to the Legislatures of the Provinces."

This provides that whatever exclusive powers are not given to provincial legislatures are under the jurisdiction of the Federal Parliament; and at any time, therefore, since Confederation the Federal Parliament would have been quite within its jurisdiction in assuming control over such health matters as were not specifically assigned to the provinces by the B.N.A. Act.

The fact that this was not done under any organized department is a good illustration of the indifference shown to health matters, not only by our Dominion Parliaments but by the people themselves.

However, the day has come when we have a Federal Department of Health, and the question of paramount interest to us to-day is: What is that Department going to strive to accomplish?

It will be administered under one of the present Ministers, with a Deputy Minister in charge. The Act recently passed confers very wide powers upon the Minister, and through his Deputy upon the Department, and the general powers are expressed in the Act as follows:

"The duties and powers of the Minister administering the Department of Health shall extend to and include all matters and questions relating to the promotion or preservation of the health of the people of Canada over which the Parliament of Canada has jurisdiction. The Department shall have jurisdiction also over such other matters as may be referred to the Minister by the Governor in Council. The Governor in Council shall have power also to make such regulations as may be necessary to give effect to the carrying out of the objects of the Act."

The powers therefore conferred under the Act are sufficiently broad to enable the Department to operate on broad lines. There are certain

* Read at the Eighth Annual Congress of the Canadian Public Health Association, held in Toronto, May, 1919.

matters and subjects however that are specifically assigned to the Department, and among others may be mentioned the following:

1. The inspection and medical care of immigrants and seamen and the administration of marine hospitals.

2. The supervision, as regards the public health, of railways, boats, ships and all means of transportation.

3. The supervision of Federal public buildings and offices, with regard to the health of Civil Servants and other Government employees therein.

4. The Department also takes over the administration of certain Dominion Acts relating to health, for example, the Quarantine Act, the Adulteration Act, the Public Works Health Act, the Leprosy Act and the Proprietary or Patent Medicine Act. These Acts deal with matters concerning which the Federal Government has sole jurisdiction.

Let us for a moment look at what may be accomplished along the line of some of the subjects specifically referred to in the Act. In the first place we must assume that the Deputy Minister is a capable administrator, thoroughly conversant with public health work and with sufficient energy, vision and business capacity to organize his department for the vast work awaiting such a department in this country. A department so manned can have an enormous influence in moulding the future political, social and commercial life of Canada. The physically and mentally unfit immigrant in the future desiring to locate in Canada must henceforth come in under the new Immigration Act recently passed by the House of Commons. In the past our medical inspection of immigrants at our ports was careless and unscientific, with the result that thousands of mental defectives landed on our shores and are now finding a refuge in Canada. We have only to consult the records of our hospitals for the insane, idiots and epileptics to find conclusive evidence in support of this statement.

Take some figures from Ontario. Total number of patients admitted to Hospitals for Insane up to 1917, 40,681; foreign born, 16,229. Total committed in 1917, 1,414; foreign born 494.

At the port of New York where for some years very strict tests have been applied to immigrants by properly qualified psychiatrists, it has been found that four immigrants out of every thousand who applied for admission at that port were suffering from mental defects. Probably the percentage of feebleminded immigrants coming to Canada was equally great; and if so, it means that for some years prior to the war Canada was receiving and welcoming to her shores from 1,200 to 1,500 feeble-minded people who in future years will by themselves and their prolific progeny burden and curse this country, producing in their various ramifications a social virus that cannot be exterminated from our land for centuries.

The Department will also have supervision of quarantine at our ports, to prevent the importation of disease. In addition I hope that through time it will have a well-equipped research department where work pertaining specially to Canadian health problems will be carried on; and which will be a part of a great National Laboratory and Research Institute. The Department will also be entrusted largely with the dissemination of information regarding the prevalence, distribution, causation and prevention of disease. It will further have not only international control but interprovincial control over disease, as well as a general interest in the health of all the people of Canada. In some of these lines of work, and in others not enumerated, direct co-operation between the Federal authorities and the Provincial will be undertaken, and in no respect is it intended that the work now being carried on by the Provincial authorities will be interfered with by the newly organized department. Its aim will be to support and strengthen the provincial work and to ensure where possible thorough effectiveness in the administration of all our health laws, both Federal and Provincial.

The organization of this department should usher in the dawn of a new era in public health work in Canada. It should give us a broader vision regarding the needs and the possibilities. It is time that in this country we recognize the health of our people as a vast economic problem affecting the welfare especially of our working classes. There is need for an increased interest, for more aggressive methods, for greater attention to the conditions which exist among our people which tend to lessen the efficiency of our nation; and the Federal Department of Health should be a tremendous influence in correcting many of these conditions.

Chairman's Address*

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A RECENT writer has referred to the twentieth century as the Health Age. Without question the most striking medical development of the first nineteen years of this century has been in the field of preventive medicine, and not a small part of this development has been due to the growth of public health laboratories.

In its first inception the laboratory side of public health work was mainly chemical. The methods elaborated by British sanitary chemists were specially adapted to the study of potable waters and food adulteration, and for a time the criteria depended upon in considering the purity of a water supply were entirely chemical. With the development of the science of bacteriology by Pasteur and Koch, the importance of the bacterial content of waters came at once to be recognized. Even before Koch elaborated his plate methods of culture, Mequal was making in the early eighties of the nineteenth century bacterial analyses of the public water supply of Paris by the long and tedious method of dilution.

It was natural therefore that the first health laboratories should be devoted almost entirely to the chemical and bacteriological study of waters. Year by year, however, the scope of the health laboratory widened. The discovery of the tubercle bacillus in sputum made sputum examination necessary in the diagnosis of tuberculosis. This examination at first performed by isolated individuals in their own practice, or in hospital laboratories, was quickly taken over by the Health Laboratory. Similarly with the cultural diagnosis of diphtheria and the agglutination test for typhoid, and relatively recently the Wassermann reaction for syphilis. Step by step, as medical science discovered new methods of laboratory diagnosis in the realm of preventable diseases, the public health laboratory has taken them over, has systematized them, organized the personnel for carrying them out and made those available for larger and larger areas of the population.

It was natural that the earliest public health laboratories should have developed in European centres, but this continent was not long behind Europe, and although it is perhaps unsafe to be too dogmatic, I am inclined to believe that the public health side of laboratory work has been more thoroughly exploited and developed in America than in

* Read in the Laboratory Section of the Canadian Public Health Association, Eighth Annual Congress, Toronto, May 26, 1919.

Europe. This has been due largely to the establishment of state and provincial boards of health and the early recognition of these authorities of the importance of developing the laboratory side.

The first public health laboratory in Canada was established under the Provincial Board of Health of Quebec when about 1887 the late Dr. Wyatt Johnston returned from studying in Germany. The laboratory of the Ontario Board was established in 1890 and the other provinces developed later. It is an interesting fact that a good deal of the early expenditure on laboratory study of preventable diseases in Ontario was camouflaged under a special appropriation set aside for the investigation of diseases of animals. So long has it been the case that it is easier to get legislation to expend money upon animal husbandry than upon the protection of human life.

In the United States one of the most outstanding of those early public health laboratories was that of the Massachusetts laboratory for the study of water and sewage. Other States of the Union have followed in this line of work and the Ontario laboratory for the study of the subjects established now over fifteen years has not been behind in the practical investigation of sewage problems.

It is not too much to say that the whole subject of sewage disposal and the purification of water supplies has been revolutionized in the past fifteen years with an annual saving to the community of millions upon millions of dollars.

Besides the state and provincial laboratories, city Boards of Health have also established laboratories in which important work has been done. One has only to recall the work of the laboratory of the Board of Health of New York City, with its very efficient research institute, to realize the importance of the work which such a laboratory can do. The mention of the Research Institute of the New York City Laboratory brings up a subject of public health laboratory work which has been emphasized from the first. All these laboratories have been centres of research in preventive medicine and a great deal of our knowledge of the etiology and modern treatment of preventable disease has issued from such institutions. Especially in the serum treatment of infectious diseases the public health laboratories have been pioneers in the production and improvement of antitoxic sera.

A discussion of health laboratory work would not be complete without a reference to the present war. With all the extraordinary developments in this extraordinary war there is nothing so striking as the part played by the sanitary corps. Whereas in all previous wars preventable disease has been the most serious cause of army disability, in this war preventable diseases have been largely eliminated. This has been entirely due to the scientific activity of the sanitary corps, and these

sanitary corps have been enabled to do their work solely because they have established mobile and stationary laboratories and have availed themselves of the staffs of public health laboratories for the manning of these field laboratories. The work of the first Canadian mobile laboratory, under Colonel Nasmith of this city, at Valcartier, on Salisbury Plain, and afterwards in Flanders, is too well known to you to require more than mention; but it is not too much to say that the successful work of that unit was an object to the British War Office and lead to the formation of many such units which did magnificent work not only in Flanders but in Macedonia, Palestine and Mesopotamia. The efficient work of the sanitary corps in eliminating preventable disease would have been impossible without the assistance of the public health laboratories.

With this brief review of the development of the laboratories of public health it will be seen that the laboratory side has been the most living and most active department of public health work. We may ask ourselves, how may we in Canada and in Ontario extend the field of public health laboratories so that the community at large may reap the greatest amount of good in the prevention of disease?

A brief discussion of our knowledge of typhoid fever will possibly present a view of one line along which, say in Ontario, a health laboratory work may be extended. It will be remembered that with the first discovery of the bacillus of typhoid and the demonstration made many times over that in explosive outbreaks of typhoid it was usually water or milk borne, for a time typhoid prophylaxis was entirely bound up with the question of pure water supply. With the clearing up of potable waters there was a remarkable fall in typhoid morbidity and at first we thought the whole question was solved. But the occurrence of sporadic outbreaks of small home epidemics, in which milk or water as a source could be excluded, lead us to believe that there were some other factors. I remember as far back as 1890, hearing Professor Vaughan of Ann Arbor say, "If we are to regard typhoid as always water borne we must assume the existence of a tramp wandering over the farms and villages of the middle west polluting the wells and local water supplies".

None of us knew then anything of typhoid carriers. It happened that about 1900 the mining areas of the Saar Valley (a district very much in the public eye at present) suffered from numerous small epidemics. The Imperial German health department decided to establish small branch laboratories in the mining districts for the study of typhoid alone. The result of this work was the discovery of the typhoid carrier and the elaboration of all the technique necessary to discover the carrier. As we know to-day the prophylaxis of typhoid centres around the carrier problem, and this problem is important not only for typhoid but also

diphtheria, meningitis, anterior poliomyelitis, and probably all epidemic diseases.

Now the Germans were right in this instance, in bringing the laboratory to the problem. The work a central laboratory can perform is enormous, but the farther the central laboratory from the epidemic the more difficult the problem of elucidation and study.

The need in modern public health work is to get the laboratory in as close touch with the problem as possible. How can this be done? It may be done in two ways—first, it may be possible to equip more or less mobile units upon the plan of the army mobile laboratories, which can proceed to the area visited by an epidemic and there temporarily settle down and study the problem. When the problem is cleaned up the laboratory can move to another point. The objection to this plan is that it only tackles the question when the need arrives and the permanent influence of the laboratory in the district is lost. The other alternative is the establishment of branch laboratories which will be permanently installed in the selected sections of the population. This alternative is, in my opinion, the best suited for such a Province as Ontario. It has, to a certain extent, been done in this Province. London and Kingston both have laboratories doing public health work for the districts of the province in their immediate vicinity, and I understand a branch laboratory is being established in the district of Ontario about Thunder Bay. For Ontario these laboratories should be multiplied so that no district of the Province should be so far from a laboratory as to prevent material reaching it in a good condition and the physician receiving a prompt report. But that such branch laboratories should effectively carry on their work they must be intimately associated with the central laboratory. Decentralization is a good thing for the routine public health work but decentralization which removed control from the central laboratory of the Board would be very bad. Methods must be standardized, such branch laboratories would necessarily be manned by men of less experience than the Director and Assistants of the central laboratory and the organization must be such that every branch laboratory and every district served by it must be certain of access to the experience of the central institution.

One may ask—how is one to staff such a branch laboratory? The proper training of the staff is all essential and the one place in which it can be properly done is in the central laboratory. A precedent for this plan obtains to-day in Canada in the Dominion Laboratories, under the Food and Drug Act. The department at Ottawa has established these branch laboratories at widely different points in the Dominion and the Director at Ottawa is insisting that the men at the branches shall receive their training in the central laboratory. To-day, with the development

of new curricula in the Faculties of Medicine there is a place for the training of specialists in sanitary laboratory work, especially under the course for the Diploma of Public Health, and from men with such a training the central laboratory would naturally draw the material for staffing the branch laboratories. The success of such a scheme hangs entirely upon the training of the men. Especially in the use of such a delicate technical method as involved in the Wassermann reaction slap-dash methods or short cuts are more than useless. No man can carry out the Wassermann technique without a careful training in serological work and assistants who are to carry out such tests must be very carefully trained and their work checked before they are allowed to do independent work in a branch laboratory.

This question, however, is a matter of detail. I feel sure that an extension of public health laboratory work along the lines I have indicated will prove so successful that the public will soon realize the advantage and provide the necessary funds to make it a success.

I have been rather brief in my discussion of the topic of my address but the points I have raised are so well known to laboratory workers that they do not need further argument.

If the twentieth century is to be called the Health Age, the laboratory more than any other factor has lead to that development.

Mr. Hanna, An Appreciation*

ADAM H. WRIGHT, B.A., M.D.
Chairman, Ontario Board of Health

NO man of the past or present was more highly respected by the profession of this province than the Honorable William Hanna. For ten years, or a little more, he worked for hygiene and preventive medicine; for the relief of sickness and suffering both physical and mental; and for the benefit of mankind, especially those who had gone astray.

It is difficult to describe a man such as he; but one may mention a few well known facts. He had a big brain, highly intellectual, singularly sagacious, and keenly alert; a heart big and warm, emotional, full of love and sympathy for all, but especially for those who needed uplifting; a soul full of energy, spirit affection, and other noble manifestations emanating from a powerful brain and a heart of gold.

We are chiefly interested now in those things which concern his career in the Ontario Legislature. He was first elected for West Lambton in 1902, defeating a very strong candidate in a constituency which had previously given large liberal majorities for a long time. In Parliament he soon jumped to the front, and established for himself such a reputation that no one was surprised when Sir James Whitney made him Provincial Secretary. We are told that the Department, then placed under the charge of Mr. Hanna, is in many respects a difficult one. As Mr. W. A. Craick puts it, it is largely a clearing house for the odds and ends of the other departments. It is generally conceded that Mr. Hanna was eminently successful in his administration.

PUBLIC HEALTH.—The legislation in matters pertaining to Public Health passed during his *regime* was admirable, and the Medical Health Act of 1912 was believed by many to be the best in the world. It was highly commended in many countries, but especially in Great Britain and the United States. A brief reference to a few points in connection therewith will now be made.

Probably the outstanding feature of this Act was the provision for the appointment of District Officers of Health, whose whole time would be occupied in the work allotted to them. However, the idea was not new, and it seems fitting to go back for a time, and give credit to some who advised similar legislation many years ago.

*Read at the Eighth Annual Congress, Canadian Public Health Association, Toronto, May 26th, 1919.

The Ontario Board of Health was established in 1882, Dr. Peter Bryce being Chief Officer of Health until 1904. Dr. Charles Hodgetts 1904-10, then Dr. John McCullough. I rejoice in the fact that the excellence of the work done by these three men is generally recognized and highly appreciated, not only in this Province, but throughout the whole Dominion. Dr. Bryce was (and still is, I am glad to say) full of vigour, enthusiasm, and wisdom in matters pertaining to Public Health. For many years he advocated a definite scheme, which included the appointment of an Officer of Health for each county, who should receive an adequate salary, and devote his whole time to health work. In my opinion Dr. Bryce's scheme was the best ever devised for this or any other country; but he received very little support from the Government, although its members approved in a way, but thought the public were not ready for such radical legislation. In all Dr. Bryce's endeavours to improve health matters I think the one member of the Government who was most heartily in sympathy with him in his work was Sir Oliver Mowat.

Well, in the course of time, Mr. Hanna became Provincial Secretary. We watched him rather carefully, and soon found that he put into his work both heart and soul, which, under the direction of his wise brain were soon able to accomplish much. He decided to wait no longer for the public to ask for improved health laws. He soon discovered what the people needed, and he decided to give it to them. It was provided in his Act that the Province may be divided into ten districts, each having a whole time officer with adequate salary. At the present time there are seven regularly organized districts under the charge of competent and painstaking officers of health.

Among the many other good features of the Act, probably none is of more interest to us than the laws affecting the Medical Officers of Health; I refer especially to two. First, the provision that no Medical Officer of Health shall be dismissed except for cause; second, a provision for an annual conference, through which was established our Ontario Health Officers Association, which has already accomplished much good and will probably do still more in the future.

HOSPITALS.—One of the most important sections of the Provincial Secretary's Department is that of the Hospitals for the Insane, the Epileptic and the Feeble-Minded. In these eleven hospitals there are a little over 7,000 disabled human beings cared for daily, and to do this work efficiently the services of about 1,000 officers and employees are required.

The care of this large number of invalids involves the provision of such details as clothing, shelter, food, heat, light, laundry, occupation, amusement, medical attendance in all bodily diseases, and also that

much more delicate and difficult administration of appropriate measures for the restoration of the mind.

Under Mr. Hanna's administration the Training Schools for Nurses were inaugurated and developed; the hospital character of the institutions was steadily accentuated, in contradistinction to the Asylum or custodial character, which had been so long in the public mind. Because of Mr. Hanna's enthusiastic devotion to Prison Reforms, and the great benefits which he achieved for the criminal classes, some of his political admirers, without accurate knowledge of the facts, appeared to be anxious to publicly credit him with sweeping reforms in the hospital service, and incidentally to profit by the reflected honour; but he knew better, and strongly disapproved of such laudatory professions. Mr. Hanna knew that a change in the name from Asylums to Hospitals would not necessarily change the character of the institutions, or the work accomplished in them, but that the public conception of them might be changed, and in this way advantages secured, and he made it his study to see that the best people who could be found should engage in the work.

Prison Reform.—Mr. Hanna took great interest in his work in connection with Prison Reform. The best that was in him came out in his efforts to assist men who had fallen. He established the Industrial Farm system, under which the convict was encouraged to work in the open air under the most favourable conditions. The system was first applied at the farm in Guelph where Dr. Gilmour was in charge. The success attending the undertaking far exceeded the expectations of the most sanguine among the sympathetic onlookers. The gratifying results soon became known to all countries, and the "Hanna Prison System" was recognized as the best in the world. A second prison farm of 600 acres was soon established at Port Arthur. Doctors George Porter, John McCullough, George Clinton, Robert Wodehouse and I had the pleasure of visiting that farm, 12 miles out from Port Arthur, September 14th, 1913. The farm was opened June 3rd of that year, and we saw nothing like prison walls; but simply a number of fields under cultivation, a big living building, clean and well ordered, and a lot of healthy decent looking men working cheerfully in the open on that fine September day. We were greatly impressed (I think I can speak for us all), and filled with admiration for the man who had conceived a thing so magnificent.

We also had the pleasure of listening to an address on the "Prison Farm" delivered by Mr. Hanna in Port Arthur on the evening of September 15th. In that admirable and inspiring speech, he showed the inner side of his heart and head.

We who had the privilege of knowing him intimately loved him quite as much as we admired him. He had a wonderful personality. He

was ever bright, cheery, and companionable. There was always in and around the man a charm as irresistible as it was indescribable.

It adds much to our sadness of heart that this man, strong and vigorous, died at the age of 57, while he should have lived for at least 25 years longer. We take a certain amount of pride in what we call preventive medicine. Do we take enough trouble to warn the public as to the terrible dangers of over-work? I was told recently, by one who had close relationship with him, that Mr. Hanna's activities were ceaseless (that of course we all know) and that "the uninterrupted output of energy often found him conscious of over-work" and sometime before the end, in speaking of holidays, he remarked that he "intended soon to place in his own calendar an annual leave of about 2 months"; and yet, at a time when he himself felt that he needed a holiday, he undertook, without any charge, the gigantic and thankless task of food controllership.

He was much interested in the overseas career of his only son, Neill, and the news of the armistice brought great relief. His boy was safe, and would soon return to him. A few days after, his joy was changed to unspeakable grief, when the fateful message came by cable, announcing the death, by accident, of Neill, in Italy.

March 20th was a dark day for the members of the Ontario Legislature. The leader of the opposition said: "In the death of Mr. Hanna, Canada has lost a great man whose place will be hard to fill". The Premier, Sir William Hearst, said: "A good man, generous, and noble, has passed from our midst"; then, after making some references to his good work, he concluded in the following words "A great, good, and generous patriot has gone".

The Federal Department of Health

EXTRACT FROM HANSARD REPORT ON THE DEBATE IN THE HOUSE OF COMMONS

(Continued from the May issue)

Mr. Manion.—I rise in support of the suggestion, and also to say a word in justice to the provincial Boards of Health. Some speakers have criticized those boards—

Some hon. members: No.

Mr. Manion.—I mean they have criticised them unconsciously in saying that public health work cannot be carried on without a laboratory. I agree in the necessity for instituting a research laboratory, but according to my understandings none of the provincial Boards of Health is so equipped.

Mr. Sheard.—The Ontario board has had one for ten years.

Mr. Manion.—Perhaps the hon. member is right; I did not think they had. However, I wish to support the idea. I think we should have a research laboratory. Some mention was made of research laboratories in the United States. One of the finest in the world is the Rockefeller Institute which is supported by funds supplied by John D. Rockefeller. Some of the war lords of this country who have made millions out of the war might show a proper sense of proportion by helping to establish in Canada a practical research laboratory along the lines of the Rockefeller Institute in the United States.

Mr. Rowell.—So far as the general view expresses the importance of a research laboratory, I am heartily in accord with it. I have intimated that the power to establish a research laboratory is quite clearly set forth in section 4, but there appears to be a general desire on the part of the members of the House that some words should be included in the Bill to indicate specifically that the establishment of such a laboratory is within the powers of this department. We should not have a series of laboratories established in various departments. It is very important that the work should be done as economically and efficiently as possible. In consenting to such an amendment as I have suggested, I am not committing myself or the Government to the bringing down of an appropriation for the purpose this session; that is a matter that will have to be taken up by the Government when Estimates are under considera-

tion. If I assent to any reference to research laboratories going in, I am assenting to the specific mention of the fact that this department contemplates the establishment and maintenance of a laboratory. We might put in as paragraph (b):

> The establishment and maintenance of a national laboratory for public health and research work.

I think it would be more suitable to give it that place in the section.

Mr. Davidson.—If this provides for an expenditure of money, it would have to be preceded by the consent of the Governor in Council.

Mr. Rowell.—It would be simply defining the powers of the department. We are not voting any money, nor is the Government committing itself to any expenditure.

Amendment agreed to, and section 4, as amended, agreed to.

On section 5—regulations:

Mr. Sheard.—I offered an amendment the other evening—I do not know whether it was defeated or not; perhaps you can inform me, Mr. Chairman—which was something to this effect:

> The control of venereal disease by quarantine at the various ports of entry or by such other methods and investigations as shall limit the spread of these diseases throughout the Dominion of Canada.

Some specific statement in this regard ought to be included in the Bill.

The Chairman.—The amendment mentioned by the member for South Toronto was defeated upon division the other night in committee.

Mr. Peter McGibbon.—The amendment that was defeated was much more drastic than the one at present proposed.

Mr. Fielding.—To what extent will the hospitals come under the observation or control of this department?

Mr. Rowell.—The Department of Soldiers' Civil Re-establishment maintains hospitals for soldiers.

Mr. Fielding.—These are military hospitals.

Mr. Rowell.—Yes, and hospitals wherein men who have been soldiers are cared for. But the ordinary hospitals of the country, with the exception of the marine hospitals, are wholly under the jurisdiction of the provinces.

Mr. Fielding.—The object of this measure must appeal to us all, especially in the light of the statistics the minister gave us the other night as to the alarming loss of child life. What I fear

most is that the Act is so general and so vague that we shall have a large and necessarily expensive organization, the object of which is excellent, but which will have nothing in particular to do. According to the wording of the Bill, we are to have co-operation, co-ordination—a great word in these days—conservation, inspection, and supervision, but there is nothing specific to do. One is almost reminded of the reference frequently seen in the comic papers to the man who is "all dressed up and no place to go." I do not say this in a spirit of objection; but I shall offer a suggestion as to something for this department to do—and it has a bearing on my question with regard to the hospitals. There is in the Mother Country and in some of our neighbour States quite a large body of what I may call social legislation of a progressive character—legislation respecting minimum wages, old age pensions, and a variety of things of that nature. To all of these we must hereafter give more attention than we have in the past, but we cannot deal at once with them all. One class of legislation that, I think, might well engage the particular attention of this department is the encouragement and extension of maternity hospitals. Talking not long ago with the manager of an organization of charities in one of our large cities, I was much interested in the account he gave of the work in which they were engaged. He said—not in a boastful way—"We are looking after our people from the cradle to the grave. We do better than that: we anticipate the cradle, because we are organizing maternity hospitals." There are in some of our communities—including Ottawa, I am glad to say—a number of these institutions. They are necessarily local in their character; they are all more or less expensive, because they have to charge fees. But if there is anything in the way of social legislation which we should deal with seriously, it is the taking of steps to provide that the woman who is approaching the time when her child is to be born shall be surrounded by all the conditions which will give her comfort, which will give her medical attendance, which will give her proper food and rest both before and after the time when the child is born. That is the best kind of work for the conservation of child life. Where there is a hospital of this character it might well come under the direction of this department, and where there are not such hospitals, they might well be established. I do not mean to say that any uniform plan could be adopted, but wherever there is such a hospital, I should like to see this board get in touch with it and see that it is encouraged. This is clearly a case where there could be co-operation between the federal, pro-

vincial and local authorities, and it is a most promising field for useful work. Indeed, I know of no branch of social legislation which offers such large opportunities. I do not need to dwell on the subject, because hon. members who are of the medical profession can say all that I can say and say it much better, but if there is in the world anything in the way of social legislation which we need, it is something which at that critical time in the life of the mother and child will ensure that she is provided with medical attendance, comfort, food, and all the conditions which will go to enable her to perform the function of motherhood with safety to herself and benefit to the community at large.

Mr. Sheard.—The only aid which the federal Government could, under the British North America Act, give in the case referred to by the hon. member for Shelburne and Queen's (Mr. Fielding) would be a subsidy or a monetary grant to hospitals in the counties. Eleemosynary institutions and all hospitals, specifically mentioned in the British North American Act as being under the control of the legislatures of the various provinces. That is the only reason why, I fancy, this Bill has not undertaken to set out what has been mentioned.

Mr. Fielding.—I do not wish to say that the Bill should set this out specifically. I am quite content, if the object is a good one, to leave it in the hands of the minister. I repeat my first statement, that in many things which are distinctly within the control of the provincial legislatures, we are yet dabbling a good deal. The road question is a distinctly provincial one, and yet we are delving into it; and if this matter is taken up, I am sure we shall find a great deal of co-operation on the part of the local and provincial authorities who will permit my hon. friend to do something. I find that, while we are all sensitive in this matter of provincial rights, when any proposal made to encroach upon provincial rights is accompanied with a generous grant, there is not generally very much objection.

Mr. Rowell.—With all that the hon. member for Shelburne and Queen's has said as to the importance and urgency of the question he has raised, I am in most hearty accord. I think, however, it is a matter coming within the jurisdiction of the provinces. So far as the Federal Government may act, I think, that power is to-day conferred by subsection (a). Subsection (b) was added to (a), and (a) now provides for co-operation with the provincial, territorial, and other health authorities in the conservation of child life and the promotion of child welfare. Those words are, I think, broad enough

to cover what my hon. friend has in mind, and if Parliament should see fit to make a grant for such purposes, it would be quite competent for Parliament to do so.

Mr. Peter McGibbon.—I should just like to support the expression of the hon. member for Shelburne and Queens. I recognize the constitutional objection, but I also recognize that in the interest of this country many so-called constitutional objections will have to disappear in the future. In my judgment there is nothing that would do more good to help a lot of needy people than the suggestion the hon. member has thrown out, and I am in favour of going even further and giving every poor man, woman and child in this country free medical service from the cradle to the grave. I believe the time is coming when we shall have to do this in the national interest.

Mr. Steele.—I should like to add a few words to express the pleasure I have felt in seeing the unanimity that has existed throughout the whole discussion in committee on the question of the establishment of a department of health. If there is one matter that had been proposed to be put under that department that has met with more perfect unanimity than any other it is child welfare. From the Atlantic to the Pacific prominent people who are deeply interested in this subject have expressed their hearty approval of the establishment of a federal department of health, if for no other reason than that the subject of child welfare might receive greater attention and consideration. I want especially to express my pleasure that, on this occasion at least, Quebec an Ontario can stand hand in hand in support of that which is going to be a great blessing to both provinces. This is a question on which Ontario and Quebec are not disunited. We have evidence of that in the expressions of hon. members from Quebec to-night and on previous occasions. I want to quote an extract from an article published in *La Presse* a few weeks ago. That paper, which I understand has, perhaps, the largest circulation of any French paper published in the country——

Mr. Lemieux.—Of any paper in Canada.

Mr. Steele.—The largest circulation of any paper in Canada. That magnifies the value of expressions of opinion by *La Presse.* It says, relating to child welfare:—

> At a time when war and another evil not less cruel than war has thinned our ranks, who will refuse to admit the necessity of making an urgent effort to fill the void? The time has come when more attention than ever should be paid to guarding the cradle.

That brief extract expresses in a few words the sentiment of the great majority of the people of this country. *La Presse,* I have no doubt, had in view conditions which unfortunately prevail in Quebec, and which, perhaps, place that province—and I am saying this in no disrespectful spirit— in a place by itself in this country as regards infant mortality. I should like to quote the fiugures just to illustrate that. If I compare Quebec with Ontario, hon. members will understand that I am not doing it for the sake of disparaging Quebec, but simply to show how the infant mortality rate in Quebec can be improved in the future. In 1915, there were in Quebec 83,274 births, with 12,775 deaths under one year of age. That is a terrible percentage. In Ontario—and Ontario is not by any means in the first class in this respect, because some of the other provinces stand higher than Ontario, but I use the Ontario figures because they are the only ones I have—there were 67,032 births in 1915, with 6,838 deaths under one year of age. With about 20 per cent. more births in Quebec in that year, there were very nearly 100 per cent. more deaths under one yar of age, and if we carry that to deaths under four years of age, we find the discrepancy still greater. To illustrate the matter still further, let me quote the figures for Montreal and Toronto.

In 1916, in Montreal there were 186 deaths of children under one year of age for every 1,000 births. In Toronto in the same year, the number of deaths was only 93 per 1,000 births, or exactly one-half. There are many cities in which the mortality is less than that, but throughout the whole province of Quebec and the city of Montreal there is great room for improvement, and I would urge on the people of Canada a careful consideration of the views expressed by La Presse.

Mr. Beland.—I do not rise to contradict any of the statements made by my colleague and friend, the hon. member for South Perth (Mr. Steele), but rather to corroborate to a certain extent what he has said, especially as regards the co-operation that should exist between Ontario and Quebec. I am sure that not only in the matter of public health but on many important public questions both provinces can by mutual good will accomplish an enormous good for the country. There is no doubt that the introduction of this Bill has engendered some anxiety on the part of those who are sensitive on the subject of local autonomy, but after a careful study of it, and in view of the amendments which have been introduced and accepted by the Government, I think that sufficient guarantee is afforded for the strict preservation of provincial rights. The hon.

member for Shelburne and Queens referred with a touch of ridicule to the word "co-ordination," but it seems to me that the bringing under one control of the different activities of the Federal Government in its relation to public health, is rather advisable. The Department of the Interior, the Department of Agriculture and the Inland Revenue Department, have all something to do with the general subject of public health, and who will deny that the co-ordination of these branches under one head would make for effective and efficient service? The British North America Act does not assign the matter of public health to either federal or provincial jurisdiction; but it is evident that in certain cases, for instance, the inspection of schools, the jurisdiction would be in the provinces. In some of the larger fields, such as preventing the propagation and dissemination of contagious diseases, the question of jurisdiction may not be so clear, but up to the present time the most important matters connected with public health have been under the jurisdiction of the provinces, and in accordance with this interpretation of the British North America Act, provincial boards of health have been established all over Canada. My hon. friend from South Perth, doubtless without any ill design on his part, made particular reference to the situation in Quebec regarding the high infantile death rate. I may say that the Provincial Board of Health of Quebec is one of the best organized in Canada, and Quebec was the first province to be divided into sanitary districts. It has ten such districts, and at the head of the organization is a sanitary inspector who holds a diploma of public health issued by a university. There are in Quebec, and probably there may be in Ontario and the other provinces, elaborate laboratories of chemistry and bacteriology to which physicians have access in the diagnosing of diseases, and to which samples of milk and drinking water can be brought for analysis from any part of the province. There is also a very efficient department of statistics.

Mr. Manion.—Have you a research department?

Mr. Beland.—We have not, except for the purpose of ascertaining whether water that is meant for public use is potable.

Mr. Manion.—That is not research.

Mr. Beland.—No. As far as school hygiene is concerned, there is an effective system, but I confess that the rate of infantile mortality is higher in Quebec than in some other provinces. One must not overlook the fact, however, that the population in Quebec is very thinly spread over quite a large territory and also that the birth-rate is much higher. It will be obvious, therefore, that famil-

ies experience a greater degree of difficulty in caring for their children. In this respect a considerable improvement has taken place in the last ten years, especially in the city of Montreal. Regarding nuisances, dwelling and industrial establishments, we have laws in the province of Quebec that call for the highest praise and admiration. During the last session of the provincial Legislature measures were adopted which I think deserve the commendation of all who have at heart the advancement of public health. Coming to the more delicate subject which has been touched upon by the hon. member for Shelburne and Queen's venereal diseases, on the recommendation of the Superior Board of Health legislation was adopted during the last session of the Legislature. I will not delay the work of the Committee by reading that law, but it contains three very important clauses which were inserted in the Public Health Act of Quebec. I have no objection at all to inserting in this Bill a clause referring to the establishment of a bureau or laboratory for scientific research. Provided we are assured there is no intention of infringing or encroaching upon the rights of the provinces, we on this side of the House as well as hon. gentlemen on the other side, are willing to co-operate with the Government.

Mr. Trahan.—I dsire again to refer to section 5 which reads as follows:

> The Governor in Council shall have power to make such regulations as may be necessary to give effect to and carry out the objects of this Act, and to impose penalties for any violation of such regulations.

I am not inclined to give many powers to the Governor in Council. With regard to this question of inflicting penalties, we have had during recent times examples which are not very reassuring to us. If the Government use this power in the same manner as they have used similar powers in the past, the burden will be a very heavy one. I would be very glad if the minister would drop the words "to impose penalties for any violation of such regulations." If he is not willing to do so I am of the opinion the amount of the penalties should be limited in the Act. It will not be very satisfactory if the Government, by Order in Council, inflict a penalty of $5,000 for a violation of the regulations. As an alternative I would suggest that the words "not exceeding $25", or "$50," be added after the word "penalties."

Mr. McMaster.—In order that the operation of this law, may be successful, it must proceed along lines of co-operation, co-ordination, harmony and peace. Why have penalties at all? If it is found

in the operation of the Act that co-operation, co-ordination and other considerations of that kind are not sufficient, then the minister may come back at a future day and ask us to "make the punishment fit the crime." Let us adopt the principle of trusting the people, of trusting the provinces. Let us strike out those words giving power to impose penalties and appeal to the good sense and reasonableness of the people as a whole. I imagine that the operation of this Act would have to do largely with provinces and municipalities. Let the Big Stick not be in evidence at the beginning of this matter.

Mr. Rowell.—The clause is simply the usual one in Bills of this kind.

Mr. McMaster.—But this is a very unusual Bill.

Mr. Rowell.—Where you have the power to make regulations, if those regulations are to have any effect, there must be the usual provision for a penalty. There is no danger of harshness under this Bill. My hon. friend is quite right in saying that the whole framework of the measure contemplates co-operation. That is evident from the very next clause providing for a federal council of health bringing in all the chiefs of the provincial departments. My hon. friend surely does not seriously think there is anything wrong with the clause.

Mr. McMaster.—I would dislike the Committee to think that I would take up the valuable time of this House in presenting a proposition that was not serious. If you have to deal with a man or woman along the lines of co-operation and co-ordination I would advise the minister that it would be well to keep penalties in the background. I understand that in a new department of this sort some latitude may be given to the Government to make regulations by Order in Council—much as we dislike that method—but you will not be able to get people to co-operate with you if you hold heavy penalties over their heads. I think it is well not to have these words in the Bill.

Mr. Nesbitt.—Where you are administering the Quarantine Act, the Adulteration Act and such Acts as that, you must have penalties in order to give the Government power to carry out the provisions of these Acts.

Mr. Devlin.—I agree with what hon. members on this side of the House have said. I think this Committee should have some idea at least of the penalties that are going to be imposed before Parliament is asked to sanction penalties.

Mr. Rowell.—The penalties would absolutely depend upon the character of the regulations. You will see that there is power here to deal with the inspection and medical care of immigrants and seamen, the administration of marine hospitals, and the supervision of railways, boats, ships, and all methods of transportation. If you were dealing with transportation companies you would have to have an absolutely different penalty from that for some offence of a private individual of a different character. That is the reason why it is difficult to specify it. It depends entirely on the character of the offence and of the party with whom you are dealing.

Mr. Devlin.—I just imagine that would be the case, and therefore I think there is a great deal to be said for what my hon. friend from Nicolet (Mr. Trahan) advances, that you should have a maximum and a minimum penalty so that you can work in between the two.

Mr. Rowell.—I have no objection to making the maximum $200. The penalty is very moderate, particularly if you are dealing with corporations.

Mr. Verville.—If I understand the object of this Bill it is to protect a certain class of people to a certain extent against another section of the community. Those against whom the penalty is aimed can well afford to pay it. Anybody who does not observe the regulations should be fined, and heavily fined, because sometimes it happens in the case of a large corporation that it will pay a very large fine and not observe the law at all. I have seen that occur in the past.

On section6—Dominion Council of Health.

Mr. Rowell.—I would suggest that "three" be changed to "five" in the fifth line of this section, relating to the number of members to be appointed.

Mr. Beland.—Is there any special reason why the number should be increased?

Mr. Rowell.—It has been represented to me, since the Bill was drafted, that on such a council it may be very desirable to have, say, the President or Chairman of the Canadian National Society of Social Hygiene, or a man of that type. Then it is contemplated, I understand, to form a national organization for the purpose of combatting venereal disease. If such an organization were formed it would be a very proper thing to have the chairman of it on this board. Furthermore, having regard to the very deep interest which organized labour is taking in this Bill and in its promotion; I think it would be desirable to have a representative of labour on the

board. And there certainly should be a woman representative, for very good reasons. I have, therefore, thought it wise to increase the number of representatives from three to five, so as to make it possible to include representatives of those interests that are so directly concerned with matters of public health.

Mr. Beland.—Is it contemplated to give any remuneration, beyond expenses, to these five members of the proposed council?

Mr. Rowell.—No, it is not contemplated to give them any remuneration.

Mr. McMaster.—I suggest a verbal alteration which may not be necessary, but will perhaps tend to indicate more clearly what is contemplated. I propose to insert in the second line from the bottom the words "in respect of this Act." The section will then read that the Council "shall be charged with such duties and powers in respect of this Act as the Governor in Council may prescribe."

Mr. Rowell.—I have no objection to the amendment, although that is what the section means in its present form.

Mr. Keefer.—Before we leave section 6, I would like to call the attention of the Committee to the fact in substance this clause was the result of a resolution of the medical conference held in 1866. My hon. friend the member for Fort William (Mr. Manion) was too modest the other night when he was seeking not to give to his own profession the credit that this Bill deserves. I have had something to do with the medical profession in connection with this Bill, and have also assisted the President of the Privy Council with respect to it, and I have found out that the first demand for a Public Health Act came from the medical profession. It was in March, 1866, when an epidemic of cholera was threatening the country. A medical conference was called at Ottawa, and during its session the following resolution was passed—and hon. members will see how much in substance it corresponds to the section under consideration:

> On the Government devolves the duty of the general organization, of the gathering of the forces, of the promulgation of general information, of the external surveillance. It is its duty to keep a grave watch and to defend the approaches if they can be defended. It is also its duty to institute a Central Board of Health with whom all other boards and even individuals can correspond.

I congratulate the medical profession upon having, as a result of their consistent labours, at last secured a Public Health Act that, I think, meets with the approval of everybody, notwithstanding the

abuse in the public press. I do not belong to the medical profession, and therefore I feel, with my hon. friend from Brome (Mr. McMaster), that we can refer to it with perfect impartiality. We sometimes read in the press slurs upon the profession, and rather slighting reference to allopathists. If I understand this Bill at all it is going to the very root of the medical profession, and if its aims are achieved one might almost find the medical man like Othello, out of a job. The whole object of this Bill is not curative, it is preventative. What does it advocate, and what do the medical profession advocate? Pure milk, pure water, pure food, pure drugs and hygienic conditions. And it seems so strange, under the circumstances, to notice such criticism of the medical profession in the public press in many parts of the country.

Mr. McMaster.—The press men, when they get sick, call in a doctor just the same as we do.

Mr. Keefer.—I did not know that was the situation.

Mr. Lemieux.—Or call in the undertaker.

Mr. Keefer.—Before leaving the subject I would like to congratulate the House upon the passage of legislation which in my judgment will confer more benefit upon the workers of this country than any other piece of legislation this House has enacted. Health can be bought by the rich, but it is those without large incomes who are the sufferers from the contagious diseases against which this Bill is directed. Therefore, I think this Bill, when it goes into effect, will do more in the long run for the welfare of the workers of this country than any other piece of legislation that has ever been passed by Parliament.

Mr. Manion.—I must take exception to the statement of the hon. gentleman (Mr. Keefer) that I tried to take away from the medical profession any credit for this Bill. I remember my words very distinctly, and if the hon. gentleman will take the trouble to look them up in Hansard he will find that what I said was that the labour organizations were among the first to advocate the creation of a department of public health. Those were my words and I adhere to them.

Mr. Keefer.—The medical profession were the first to advocate it, in 1866.

Mr. Manion.—I do not dispute that, and I presume that if the hon. gentleman went back a couple of thousand years he would find an even earlier advocate in the person of Aesculapius. I did not say the medical profession were not the first, but I did say that the labour organizations were among the first in their advocacy of

this measure. The hon. gentleman would have acted with more fairness if he had quoted me as pointing out that the medical profession were supporting the establishment of this department whole-heartedly and very high-mindedly, because that was the statement I made.

Mr. Devlin.—Before the section passes, I would ask the President of the Privy Council whether, in view of the uncertainty that exists throughout the country, he can state who will be the minister at the head of this department, whether it will be a medical practitioner or a layman?

The Western papers contain statements to the effect that the hon. Minister of Immigration (Mr. Calder) is to be appointed. Would it be a breach of confidence on the part of the hon. minister to enlighten the House?

Mr. Rowell.—I am afraid I cannot add anything to what I said last week in regard to that matter.

Section agreed to.

Mr. Rowell.—This will be added as section 7:

Nothing in this Act or any regulation made thereunder shall authorized the minister or any official of the department to exercise any jurisdiction or control over any provincial health officer or any provincial or municipal board of health or other health authority operating under the laws of any province.

Amendment agreed to.

The Chairman.—Section 7 now becomes section 8.

(*Continued in our next issue*).

The Social Background

Sickness and Poverty

Miss E. Dyke

THE most important fact about the subject to be considered for the next half-hour is that we don't want people to be sick and we don't want people to be poor. When we find anyone both sick and poor, we act at once and think afterwards. On sober second thoughts, we may find that our actions were not wisely directed and the lessons of "The Essentials of Adequate Investigation" and "Sources of Information Regarding the Family" come accusingly to mind. As good social workers we keep in touch with the family if they allow us to do so, in order to prevent, if possible, a recurrence of the conditions which called us into the home.

Action must be prompt, however, where sickness is concerned, not only for the patient's sake but frequently also in order to prevent sickness in others. This is one reason for having experienced workers for the sick poor—workers who are capable of forming quick and safe judgments along both medical and social lines.

Municipalities and individuals are prompted by the same motives after all and we find Toronto spending $492,309.75 last year for the care of its sick poor in hospitals—$457,553.08 for in-patients and $34,765.67 for out-patients. Perhaps on sober second thoughts, Toronto may find that this money might have been productive of more good if all the facts had been analysed and careful plans drawn up but 7,500 patients have been housed in hospitals and 105,012 visits have been made by patients to the out-patient departments. The medical and nursing staffs of eleven hospitals have given of their skill with little or no payment. Sickness has been healed and in that healing, other sickness in the patients and friends has been prevented.

The fact, however, is sobering that for some reason thousands of people in Toronto cannot meet urgent medical expenses. We shall presently consider also whether still others are receiving adequate medical care.

In preparation for this discussion, the public health nurses prepared reports of actual distress conditions in which poverty and sickness play a combined part. One of these many reports is as follows:

"It has been quite easy to get instances of cases where sickness has produced poverty, in fact we could multiply them indefinitely, but we find it quite another matter to produce the cases where poverty has been the cause of sickness. We find invariably, in trying to get at the root of things there is always some complicating factor, such as mental deficiency, drunkenness, etc. I think it requires a protracted period of unemployment to produce any definite results in the way of illhealth, and Heaven forbid that we should have that.

Of course we have several families whose physical condition is below par because of the low wage or the irregular wage of the breadwinner, and then again we are confronted with the problem of mental deficiency or of lack of education for one's trade. It is all a vicious circle, isn't it?"

The following four points are an attempt to group the facts illustrated by stories submitted by the city nurses.

1. Sickness gives rise to poverty. Various estimates have been made of the percentage of poverty due to sickness, but so many factors enter into any case of poverty and of sickness that estimates are difficult and perhaps unreliable. Sickness of some member of the family or of the wage-earner has often proved to be the first step in the downward trend of an otherwise promising stock. Expensive medical and nursing care, early hastily-chosen occupation for the children, removal to a cheaper district, breaking of old associations, and poverty with recurrent sickness, preventing a return to a position of self-maintenance and respect are familiar stories to the social worker.

2. Poverty gives rise to sickness. A study was made in 1908 of the death rate on Eastern Ave. and in Rosedale, with special reference to the infant mortality. Eastern Ave.'s death rate was 20.2 for the whole and 250 per thousand births for the infants. Rosedale's death rate was 9.1 for the whole and 113.4 per thousand births, for the infants. This finding is duplicated the world over with still greater disproportion when the poverty conditions are intensified.

The reasons are not hard to find. Poverty means the close contact of individuals in the homes, the workshops, and the street cars, with the result that germs are transmitted readily from one individual to another. Poverty may mean a poor education in home-making and all that makes for health. It may mean no bath tub and infrequent changes of clothing. It may mean a cold house in winter and a hot one in summer. Poverty invariably brings fatigue and lack of normal recreation, two predisposing causes of excesses which are injurious to health. Well educated and well disciplined folk would find it difficult to maintain health in poverty conditions.

Still another aspect of the poverty question is that a family does not seek medical advice and treatment early enough in illness. How many

small wage earners have a dental examination every six months? And yet the British Army found thousands of men unfitted for active service solely on account of defective teeth. These men must have been inefficient in industry for the same reason.

Failure to seek early medical diagnosis is followed by an early return to work after illness. Not many small wage earners have been able this year to convalesce wisely after the "flu" and mothers have taken up the burden of a household too early, with unfortunate results to every one in the home.

3. The average income does not provide for medical care. Wage-earners able to meet all other necessary expenditures cannot pay for medical service. A careful study of budgets in several American cities before the war, demonstrated that a typical family of five persons required at least $850 to $900 income in a year to maintain mere physical efficiency. The amount set aside in this budget was from $18 to $25 for medical, dental and nursing service, and also medicines. This would be insufficient to meet the serious illness of one member of the family. The illness of the wage earner would cancel the income. It was estimated that families with incomes from $900 to $1,200, while above the poverty line, cannot meet the cost of serious or prolonged illness or especially expensive services, even when these do not affect the chief wage earner.

4. The full advantage of medical science are not at the disposal of the average citizen.

A strange situation has developed in large cities providing free medical service for the poor in connection with general hospitals. Medical science has developed rapidly and specialists have developed for every physical ill. The wealthy man with an obscure ailment is passed from specialist to specialist until the cause of the condition is discovered and dealt with. The poor man consults the out-patient department of a hospital and if it is a good one, is referred from one department to another where expensive equipment and skilful service are at his disposal until the cause of *his* condition also is discovered and dealt with. The small wage-earner consults his family physician, who may recognize the need for consultation with a specialist, but realizes that the patient cannot pay the bills and says nothing. Unnecessarily prolonged illness with its train of evils results.

Every large city which is fortunate, as Toronto is fortunate, in having a medical college, has at its command the best that advancing medical science can give. It is a question whether such a community can afford to allow poverty or a small income to present a barrier between an individual and the degrees of health which medical science can secure to him.

In order to produce intelligent voters the community undertakes to give each child a minimum of education, organizing the teaching resources of the community on the most efficient basis and distributing the cost over the entire population. The medical resources of Canada, however, are not organized as the teaching resources are organized, and each individual is expected to decide upon the doctor he needs and is expected to pay for that doctor's advice, even though the sickness itself has reduced the ability to pay.

Toronto is spending money generously for its sick poor. Some day when Toronto has learned to be a good social worker it will make a thorough investigation into the medical needs and resources of the community, with a view to drawing up a constructive health programme.

Victorian Order of Nurses

1. The Victorian Order of Nurses of the City of Toronto cared for 1,400 maternity cases and made over 35,000 visits during the year. They attended to nearly one-eighth of the maternity cases of the entire city, and Miss Hall, the lady superintendent, 281 Sherbourne St., who is anxious to increase the staff from 18 to 30 nurses, will be glad to receive letter from, and give information to qualified applicants.

2. The work of the Victorian Order of Nurses in the city of Toronto has increased to such a volume that it is decided to practically double the staff of nurses. The V.O.N. nurses are at present housed at the headquarters building, 281 Sherbourne St., but with the additional staff, the premises will have to be enlarged or new quarters found. Miss Hall, the lady superintendent, will be pleased to receive applications.

3. The Victorian Order, Toronto branch, have recently opened two new suburban districts and the nurses have been provided with automobiles, with which to make their calls, and it has been found that this has been of considerable help to them in making more visits and covering greater distances. We are given to understand that Miss Hall, 281 Sherbourne St., is anxious to add several nursing assistants to her staff.

4. The Victorian Order of Nurses of Toronto are in receipt of many letters of appreciation for their work during the influenza epidemic, and Miss Hall, the lady superintendent, is congratulating herself and feeling very grateful that none of the nurses were afflicted with the disease. Doctor Hastings, M.O.H. of the city of Toronto, writes: "I have to express to the V.O.N. our keen sense of gratitude for their valuable co-operation during the influenza epidemic in this city".

Canadian Public Health Association Meeting

THE Eighth Annual Congress of the Canadian Public Health Association held in joint session with the Ontario Health Officers' Association was an unqualified success.

The meetings were held in the Physics Building of the University of Toronto on May 26th, 27th and 28th. It was the most successful gathering since the Regina meeting of 1913, and from the standpoint of attendance and programme, one of the most successful meetings yet held.

The various Section meetings were extremely well attended, notably the Sections of Child Welfare, Mental Hygiene and Social Hygiene. The evening meetings in Convocation Hall were open to the general public, and interesting addresses were heard from Colonel E. L. Keyes, M.C., U.S.A. of New York and Mr. Russell of the War Department's Committee on Training Camp Activities, on Monday night when various phases of the Venereal Disease problem were discussed. On Tuesday evening Colonel Thomas W. Salmon, M.C., U.S.A., delivered a most lucid address on Mental Adaptations under the auspices of the Canadian National Committee for Mental Hygiene. Dr. Mary Sherwood of Baltimore in the Section on Child Welfare, and Miss K. Olmstead in the General Session, gave valuable papers on "Some Problems in Child Welfare" and "Community Nursing", respectively. A symposium on Influenza was held on Monday afternoon when Dr. Wade H. Frost of the U.S.P.H.S. Washington, D.C., Dr. Augustus Wadsworth of Albany, N.Y., and Lt.-Col. J. S. W. McCullough of Toronto, read papers.

The entertainment provided included a tea at the Royal Ontario Museum on Tuesday afternoon when Mrs. A. M. Huestis, Toronto, and the President, Dr. Hutchinson received the guests. A visit to the University Farm and the Connaught Antitoxin Laboratories and a motor drive around the city were other features of the closing day.

Dr. George D. Porter, who since the organization of the Association has been its Treasurer resigned his office this year. A fitting tribute to Dr. Porter was paid by Dr. H. E. Young of Victoria, B.C., at the annual general meeting. The Association owes not a little to its late Treasurer and it was with the greatest regret that his resignation was accepted. Dr. J. G. Fitzgerald, General Secretary since 1916, also resigned at this meeting and was succeeded by Dr. R. D. Defries, to whom a great deal of the credit of the success of the 1919 meeting is due. The Association is to be congratulated on electing as President, Dr. H. E. Young of

Victoria, B.C. The 1920 meeting of the Association will be held in Edmonton, Alta. The full list of new officers is as follows:

Patron: His Excellency, The Governor-General.

Vice-Patron: Sir Robert L. Borden, P.C., G.C.V.O.

Honorary President: His Honour, Lieutenant-Governor, Robert Brett, Edmonton, Alta.

President: Dr. H. E. Young, Victoria, B.C.

Vice-Presidents: Dr. J. A. Amyot, Toronto; Hon. Dr. Wm. F. Roberts, St. John, N.B.; Mrs. Colin Campbell, Winnipeg, Man.

General Secretary: Dr. R. D. Defries, University of Toronto, Toronto.

Treasurer: Dr. Fred. A. Adams, Municipal Laboratories, City Hall, Toronto.

Executive Council: Dr. R. H. Mullin, Vancouver, B.C.; Dr. F. T. Underhill, Vancouver, B.C.; Dr. H. C. Jamieson, Edmonton, Alta.; Dr. T. J. Norman, Edmonton, Alta.; Dr. M. R. Bow, Regina, Sask.; Dr. F. C. Middleton, Regina, Sask.; Dr. A. J. Douglas, Winnipeg, Man.; Dr. Gordon Bell, Winnipeg, Man.; E. E. Keefer, Esq., M.P., Port Arthur, Ont.; Dr. J. G. Fitzgerald, Toronto; Mrs. A. M. Huestis, Toronto; Dr. A. H. Desloges, Montreal, Que.; Mrs. C. K. Russell, Montreal, Que.; Dr. E. Nadeau, Quebec, Que.; Dr. G. G. Melvin, Fredericton; Dr. H. L. Abramson, St. John; Dr. H. D. Johnson, Charlottetown, P.E.I.; Dr. H. MacNeill, Summerside, P.E.I.; Dr. A. G. Nichols, Halifax, N.S.; Dr. Clarence Miller, Stellarton, N.S.

Past Presidents: W. H. Hattie, M.D., Halifax, N.S.; T. A. Starkey, M.D., D.P.H., Montreal; Chas. A. Hodgetts, C.M.G., M.D., Ottawa; J. W. S. McCullough, M.D., D.P.H., Toronto; M. M. Seymour, M.D., D.P.H., Regina; C. J. Hastings, M.D., Toronto; J. D. Pagé, Quebec; J. A. Hutchinson, M.D., Westmount.

Place of meeting 1920—Edmonton, Alta.

The Provincial Board of Health of Ontario

Under Section 52a. of the Public Health Act provision is made for the settling of disputes in respect to salary as between the Medical Officer of Health and the Council of the Municipality. A just decision given under this statute was made by Judge Gauld in respect to the application of Dr. Roberts, Medical Officer of Health of the city of Hamilton. This decision is given in a despatch to *The Globe*, as follows:

"Hamilton, June 3.—Judge Gauld to-day gave his decision in the application to him by Dr. Roberts, Medical Officer of Health, to fix his salary. His Honor ruled that the city should pay Dr. Roberts $5,000 per year, holding that he considered the doctor entitled to this sum for the important duties imposed on him, according to the size of Hamilton. Early in the year, when the city council was dealing with the salary matter, Dr. Roberts requested an advance. The Salary Committee recommended that he be given $3,500, an advance of $500, and it was understood at the time that this would have been satisfactory to Dr. Roberts. The Council, however, reduced the $500 to $200, making the yearly salary $3,200. Dr. Roberts objected, and appealed to the judge, who has power under the Public Health Act to deal with the matter."

News Items

The Eighth Annual Congress of the Canadian Public Health Association and the Eighth Annual Meeting of the Ontario Health Officers' Association, held in Toronto on May 26th, 27th and 28th was a great success. An account of the meeting appears elsewhere in this issue.

A Branch Laboratory of the Provincial Board of Health of Ontario is to be established in Fort William. This laboratory will serve a large and growing population and will doubtless be greatly appreciated.

Colonel Charles A. Hodgetts, C.M.G., Medical Adviser to the Commission of Conservation, Ottawa, has been recommended by the Ottawa

branch of the Great War Veterans' Association for the post of Deputy Minister of Health. The recommendation was forwarded to the Acting Prime Minister, Sir Thomas White.

Captain Fred Adams of the Laboratories of the Department of Health, Toronto, has returned from overseas and has again taken up his civilian duties.

Physicians and all those interested in the functioning of the Workmen's Compensation Act, Ontario, would do well to write for a copy of Circular 2 (3rd edition, May 1919), entitled "Synopsis and Operation of the Workmen's Compensation Act, Ontario". It is a most useful and illuminating little document and may be had on application to the Workmen's Compensation Board, Normal School Buildings, Toronto, Ontario.

A large and representative meeting of those interested in the Venereal Disease problem was held in Ottawa, on May 29th, 30th, 31st. The conference was arranged by the Dominion Government and a full and free discussion of various features of the problem resulted. The organization of a National Council for Combating Venereal Diseases was initiated. Full details of this appears elsewhere in the JOURNAL.

Editorial

Diphtheria Deaths

THE mortality from diphtheria has already received editorial consideration in the JOURNAL. It has been pointed out, instancing the Province of Ontario as an example, that even where an excellent laboratory diagnostic service is provided, where diphtheria antitoxin is supplied gratuitously and every effort made to assist physicians by maintaining the diagnostic service and antitoxin distribution plan at a high level of efficiency that deaths from diphtheria still occur in large numbers. The conclusion is forced home that only by a campaign of education carried on insistently and continuously amongst members of the profession and the general public can conditions be improved; therefore, it is felt that without in any way minimizing the effort directed towards improving conditions generally in public health, a very determined effort should be made in every municipality in Canada to make the following facts known to every Canadian citizen: Diphtheria deaths can be prevented; of every 100 cases of diphtheria (in the city of Philadelphia between the years 1910 and 1914) seen by a physician and treated with antitoxin, only 1.1 cases died; of every 100 cases seen by a physician after the seventh day of illness 11.4 died! The difference between the results obtained when antitoxin was given on the first day of the illness and when given on the second day was the difference between 1.1 deaths per 100 cases, and 5.6 deaths per 100 cases! Your child has 4.6 times the chance of recovering from diphtheria, if the doctor is called on the first day and gives antitoxin, than it has if you delay calling the doctor until the second day!

Let every municipality carry on a campaign along the following lines: 1. Place a notice in the Post Office, on which the following information is printed or written: Every death from diphtheria is preventable. If your child has a sore throat call the doctor. If your child has been exposed to persons who have developed diphtheria have your doctor take a swab from the child's nose and throat to ascertain whether your child is harbouring diphtheria germs. Physicians, do not fail to take a swab from every case of sore throat as soon as you are called to see the patient: administer antitoxin on the first day of diphtheria whenever it is within your power to do so.

Similar information should be disseminated by teachers in schools, when they reopen after each vacation. Let the slogan of every municipality be—No preventable diphtheria deaths in our community!

Co-operation

Working together. Are we doing so? Signs have not been wanting during the past two months to indicate that we in Canada have much to learn in the matter of co-operation. Employers and employees, and all those independently engaged in productive endeavour *must* work together. Before we can do so, we must decide to be honest. This honesty is made manifest by each of us applying the principle of the golden rule. And it consists not in talking about it, but in doing it! A sound knowledge of conditions, honesty of purpose and constructive imagination; devoted not solely to personal aggrandisement and the increase of worldly possessions, but actively devoted to the improvement of the condition of our fellowmen. That is co-operation applied in our daily lives. It will make for evolution and not for revolution. It means more than mere lip-service to the ideals which we believe have recently emerged triumphant. Are you for co-operation?

The Public Health Journal

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The Nursing Medical and Hospital Problem in the Rural West*

By F. C. Middleton, M.B.
Bureau of Public Health, Regina, Sask.

IT can quite safely be stated to be the unanimous opinion of rural Western Canada that the problem of providing adequate facilities for taking care of the sick, in the districts remote from town and city, is one of the most difficult with which legislators have had to grapple, and pioneers to contend. Important and all as are the other sections of this Convention there is no fear of contradiction in stating that the question of supplying nurse, doctor and hospital to the rural population of a new country equals in importance any which may be discussed at these sessions, especially if "Conservation of Life" is to be our slogan.

We all realize the far reaching effect of venereal disease and the prominence that is at present being given to this plague and the efforts being put forth to eradicate it, but this is or rather has been almost entirely an urban problem. It is quite proper of course, that this loathsome disease be attacked with all the reinforcements we can muster, but at the same time we must not neglect to detail some of our very best "reserves" to protect the mainstay of our country, namely, the rural population.

We are meeting this year under much happier conditions than have existed during the past four years, but the ravages of war and its awful toll of life are still all too vivid and tend to urge us to greater efforts to save life. So many of the best of our manhood and the flower of the nation have paid the supreme sacrifice that a human life is now doubly precious. The coveted honours of the field of battle for special acts of bravery, have been won by many of our boys, and, were similar recog-

*Read at the Eighth Annual Congress of the Canadian Public Health Association, Toronto, May 26, 1919.

nition given in civil life, would decorate the breasts of scores of our prairie mothers. These women have practically taken their lives in their hands in going into those pioneer districts where medical help, nursing assistance or hospital accommodation is possibly forty or fifty miles away. Particularly is this true when there were no telephones, few neighbours, poor roads, and oxen to travel by, or at best horses, instead of motor cars. It takes no great imaginative mind to picture a woman in labour (possibly an abnormal presentation) living in a mud or log shack, miles from any skilled help, and very probably not even within reasonable distance of neighbour women. This is the acid test of the pioneer prairie mother.

Only those of us who have done rural or prairie practice can realize to the full, what adverse conditions are met with in a scattered district. You will pardon me if I relate a personal experience. Immediately after I graduated, I went to Saskatchewan and was practising at a place called Stockholm, where, as the name would indicate, there was a Swedish settlement. One Sunday night I was called to a confinement case a few miles from the village, a Swedish family. This family had only been out in this country a short time and neither the father, the mother, or any of the children could speak or understand a word of English, and I did not understand Swedish. The family consisted of the mother, father and four children, and they were living in a small shack, divided into a kitchen and bedroom. There was a bed for the parents and two bunks nailed to the walls, one above the other, for the children, all in the small bedroom. There was no other woman than the patient, and of course no one who could understand English. I delivered the woman of twins, had to wash both babies myself, and you can realize my embarrassment when I went to dress them, as the mother had only provided clothes for one. I tell this to show the utter lack of nursing help in many cases even in districts not so very remote and this is only one instance of what is occurring quite commonly, particularly in foreign settlements.

Another formidable question confronts us in the rural districts, that is, the practising of untrained women as midwives, and again the foreign settlements are largely affected. In Saskatchewan of course, midwives are not recognized and are not allowed by law to practise, but it appears that very little can be done to prevent it in outlying districts as there is often no other assistance at hand. There are so many of these women of an undesirable type, doing a great deal of maternity work, that it appears to me that a system of training, registration and thorough supervision of midwives, similar to that adopted in Great Britain would be preferable to the present conditions; if we must submit to have midwives, let them be thoroughly trained instead of ignorant and dirty as so many of the existing type are, and there will be fewer deaths from puerperal sepsis. There is however, a silver lining at the back of this cloud.

Good roads, automobiles, telephones and a better network of railways have done a great deal toward dispelling the cloud, but more remains to be done before it will be entirely driven from the sky and thus allow the bright rays of comfort and relief to shine through into the homes of these veterans of the prairie.

The care of the sick in the rural district as elsewhere naturally resolves itself into three divisions: (1) Medical Service; (2) Nursing Facilities; (3) Hospital Accommodation.

Medical Service.—The work of the nurse and that of the doctor is so closely associated and connected that we cannot speak of the one without also mentioning the other.

In all the Prairie provinces there are districts where the population is so sparse, and often financial conditions are such, that it is almost impossible to procure a resident physician. The question of adequately supplying these districts with good medical service is one of vital importance and is at all times very vividly before the minds of our prairie residents. In Saskatchewan, normally there are 550 doctors and between 80 and 90 of these were taken away by military work. This, of course, made the situation more acute than usual, and the rural district suffered most by this depletion. Then again there is that tendency for the country practitioner to drift into larger centres, where there are more comforts for himself and family, better schools for his children, and ample hospital accommodation for his patients. In these sparsely settled districts, the amount of work a doctor would get is not sufficient to warrant his settling there, without some guarantee that he will receive at least a fair recompense for his time and work.

At the last session of the legislature therefore provision was made whereby the council of a rural municipality is empowered to engage the services of a legally qualified medical practitioner for the municipality at a salary not to exceed $5,000 per annum, after of course submitting a bylaw to the electors.

The government further provides for a maternity grant of twenty-five dollars to be paid in certain cases, where there will be difficulty in securing the services of a doctor for confinement in the rural districts.

Rural Nurse.—It is on account of the scarcity of doctors in the rural district, that the need for district nurses has been so keenly felt. The Victorian Order of Nurses has blazed the trail in this direction, and several districts in Manitoba, Saskatchewan and Alberta are fortunate enough to be served by nurses belonging to this Order. It was the call from the West which really helped to bring this rural nursing organization of the Victorian Order of Nurses into being.

As with the medical profession, the call for duty has been most nobly responded to by the nurses, and at no time was a call in vain. District

nurse work received a bad setback when so many of the Victorian Order of Nurses volunteered, as these nurses all have special training in public health and district work. The plan the organization has tried to carry out in the west is, to send two nurses together into a district and have a nurses' home provided for them. The nurses live at this home and make it their headquarters and from here do their visiting, or nursing as the case may be. A large part of their work is in connection with maternity nursing, prenatal care, and care of the baby. They do not nurse infectious cases at all. In some cases the Victorian Order of Nurses builds small hospitals and as soon as the district is able to take the hospital over itself, if it so wishes, the institution is turned over to the local authorities and the Order goes further afield to open up new territory. Their efforts have been greatly appreciated and their work is always spoken of in terms of commendation. Some ten districts in Saskatchewan are served by this organization.

In Saskatchewan, to enable districts to secure rural nurses, legislation has been enacted "providing for appointment of nurses for the municipality, or granting aid to an organized society for the purpose of securing the services of nurses." This power is given to the municipal council.

Usually the municipality is not called upon to make any payment towards salary, sufficient work being undertaken by the nurse to earn the guaranteed amount. This scheme has worked very satisfactorily, but in order to be entirely efficient it is found that the services of at least two nurses are required for a municipality.

At present the supply of graduate nurses for either urban or rural work is entirely insufficient, and particularly is this the case when a nurse is required to go to the country.

The influenza epidemic was the means of letting us know exactly what a scarcity of nurses exists outside of urban centres. Further we realize, as never before how totally unprepared and uninformed a large majority of women are, with respect to nursing and caring for patients. It is true that everyone was willing, and anxious to help and to do what could be done but the difficulty was that volunteers did not know how to help and what to do to the best advantage. Great credit is due those women who so willingly offered their services in whatever capacity they could be utilized, and had it not been for this volunteer help, our death toll would have undoubtedly been much heavier.

Home Nursing Course.—Realizing that the rural districts have not the opportunity of getting any nursing instruction, the Bureau of Public Health has arranged that two nurses, specially trained as instructresses shall go out to the smaller rural centres and there arrange for a short course in "Practical Home Nursing." This course consists of lectures,

on the care of the sick, diet, etc.; and practical demonstrations (on taking temperatures, taking the pulse, bathing the patient, moving the patient, giving an alcohol rub, making and applying poultices and stupes, the use of the enema, and bed making.) The nurse remains about a week at a centre, thus giving those from the country a chance to take advantage of this instruction. Child welfare work is taken up in conjunction with the course, and on the last day a clinic is held to which children are brought for a thorough medical examination. Any defect which may be detected in the children is reported to the parents and the case referred to the family physician. No actual treatment is given at the clinic. The first "Home Nursing Week" was held in a small place in the northern part of the province and conducted in a building used for a Sunday school. A child welfare exhibit is also shown in the form of a good set of illustrated cards, proper clothing for the child, proper feeding bottle, nipples, etc. Public health literature, pamphlets on the infectious diseases and a booklet specially prepared by the bureau on the "baby" are distributed.

At each class for the "Home Care of the Sick," held so far, between fifty and sixty ladies have attended and at each clinic over forty children were examined. So many requests for these classes to be held in different places are coming in, that the work already warrants the procuring of another nurse.

This shows how anxious those in the rural district are to take advantage of such opportunities. Such organizations as the Red Cross, Local Council of Women, and Women Grain Growers, are very sympathetic toward this work and give valuable assistance in helping to make it a success.

Trachoma Nurse.—Certain sections of our province, as you know, are settled with a foreign population, and owing to an eagerness to get the country settled and laxity on the part of the immigration authorities a number suffering from trachoma managed to enter the country. Fortunately those suffering from this disease are confined to about three fairly compact districts, and through constant supervision it has not spread beyond the borders of these districts. The chronicity of trachoma and the transmission from one to another particularly in a family, is well known. It is also well known that treatment, unless it is carried out regularly and continously and by someone who will persevere, is of little avail. Therefore a nurse who can speak several tongues and who has been specially trained in eye work has been detailed to practically live among those affected, to carry out the treatment. She has been supplied with a car as she visits these people right in their homes, and the expense of salary and travelling is borne partly by the municipalities receiving her services and partly by the government. She is under the supervision and direction of the Commissioner of Public Health.

Tuberculosis Nurse.—Each physician is required to report any case of tuberculosis he discovers, to the medical health officer for the district, who in turn reports to the Bureau of Public Health. On receipt of such a report the tuberculosis nurse from the bureau visits the patient, acting of course in conjunction with the medical health officer and attending physician. She instructs the patient on the proper method of looking after the sputum so as not to infect others in the family. Those in attendance on the case are also given instructions with a view to prevent further spread of the disease.

School Nurses.—In connection with an education survey made of the province in 1917 by Dr. Foght, a specialist in rural school practice of Washington, D.C., Dr. Seymour was asked to have at the same time a medical survey made of rural schools. Each rural doctor in the province was requested to make an examination of the pupils of a typical rural school in his district, and several thousands of school children were examined and reported on.

Following this medical survey the education department added a school hygiene branch and started with three nurses, who devote their time more particularly to rural schools. Their work consists of inspection of the children for bad teeth, unhealthy tonsils, adenoids, defective eyesight, etc.; with special attention to ventilation, proper and suitable seats, desks and lighting of the school.

This year the number of nurses is being increased to six. It is hoped by this system, to give the rural school children a good deal better attention than has previously been given them, as in each case where a defect is found it is reported to the parents and they are advised to have the defect attended to by their family physician. The parents are co-operating very satisfactorily in this new departure.

The very existence of the nursing profession is a constant reminder of our frailties, and as long as birth, life, disease, pain, and death are in our midst, the services of the nurse will always be in demand. Of late the demand has entirely exceeded the supply and particularly is this the case with respect to our more remote districts.

The urban centres usually succeed in retaining the majority of the supply, a condition which is easily explained. Surroundings are generally more congenial in a city, there are more conveniences with which to work, hours are more regular, nursing only and not housework is expected, and all these tend to attract the nurse. Many adverse conditions are met with in country nursing which cause a graduate in particular to hesitate before accepting a case there, as she can usually get all the practice she can undertake in the larger centres.

Not all who require a nurse are able to pay the usual graduate charges, and cases requiring very skilled nursing are taken, if possible at all, to a

hospital. Many of the less serious cases which really require a certain amount of nursing care, often do without any, as their moderate means will not allow them to engage the graduate nurse, and no other help is available. We must ask ourselves why is there a shortage of nurses?

The training schools are finding it difficult to get the right kind of girls to enter on the three-year course of training. Is the course of training too long, and if so, would a higher educational standard for entrance, a preliminary course of three months at a university, and twenty-one months actual hospital training overcome this objection? Is their tuition and the diploma adequate recompense for their services while in training? Are the hours of duty demanded, too long?

These are all questions which must be dealt with very shortly if we intend to retain a sufficient supply of nurses.

At one time nursing and teaching were about the only callings open to girls, but so many new avenues have been opened up of late, that the nursing profession is already feeling the effect of this new era.

If the agitation for shorter hours for nurses becomes effective, as we have every reason to believe it will, that will mean that about one-fourth more nurses will be required to do the same amount of work that our present supply is doing, and consequently will be equivalent to a depletion by one-fourth, of our available supply.

Then of course there is the natural depletion from the ranks of the trained nurse, by marriage. A certain surgeon once said, "So many nurses barter away their heritage for a hoop of gold." Osler commenting on this statement says, "Marriage is the natural end of the trained nurse; the trained nurse is a choice selection from the very best women of the community, who knows the laws of health and whose sympathies have been deepened by contact with the best and worst of men. The experiences of hospital and private work enchance her value in many ways as a life companion, and it is a cause not for reproach but for congratulation, that she has not acquired immunity from the most ancient of all diseases —that malady of which Rose of Sharon sang so plaintively, that sickness, "To be stayed not with flagons nor comforted with apples."

In Saskatchewan there are 400 registered nurses. Of this number 150 are directly connected with and attached to hospitals, leaving 250 nurses to do all the nursing for the rest of the province including "specialing" in hospitals. There are fourteen training schools in which some 250 patients are training.

We have a population of 714,000, comprised as follows:

Cities	101,000
Towns	58,000
Villages	52,000
Rural Municipalities	503,000

Taking the villages and rural municipalities it is seen that almost 78% of our residents are outside of cities and towns. If these 250 nurses were proportionately divided for the province there would be 37 for the cities, 21 for the towns, and 192 for the villages and rural municipalities.

We know that they are not so distributed by any means, but assuming that they are, 192 nurses would have to do the nursing for 316 villages and 300 rural municipalities. When I tell you that each municipality is an area 18 miles square, our supply of nurses would amount to about one nurse for each two municipalities or one nurse for each area 36 miles by 18 miles. This will give you an idea of the shortage of nurses.

How is the demand for nurses to be supplied? The return of those nurses who are still engaged in military work will help a little, but this will not be sufficient. We realize that the finished specialist in scientific nursing will always be in demand. For the serious operative or medical case, for administrative and teaching positions there will be always be a large field open for the trained nurse.

In order, however, to encourage girls to enter the hospitals, some further inducements are necessary. In Saskatchewan there is a growing demand that a special course of training be arranged which will fit a girl so that when she completes this, she will have a good practical knowledge of the essentials of bedside nursing. This course might be either a year or a year and a half, given in a recognized hospital. To make this training fairly uniform and standardized it would be well to have one examining board conduct all examinations in the province, in different centres. The successful candidates should be given some standing and might be termed "practical nurses" or "trained attendants" or any other suitable designation decided on. Arrangements would need to be made also, so that girls completing this course and later wishing to fully qualify as graduate nurses could at any time affiliate with some of the larger hospitals, be given credit for the time already spent in a hospital, and thus go on to graduation. This scheme is worthy of consideration as we find that what most sick rooms need is really "a housekeeper for the sick." Further the rapidity with which our province is being dotted with municipal hospitals and the difficulty already being experienced in securing and retaining graduate nurses, demand that some provision be arranged for. These hospitals are required and must be staffed and there is no reason why, with a competent nurse in charge, a course of training could not be given to local girls enabling them to become practical nurses and so fill an urgent want in the country.

In advocating the scheme let it be understood that we do not depreciate in any way the graduate nurse, but some solution must be arrived at in order to replenish the ranks of this old and honourable calling.

Municipal Hospitals.—In Saskatchewan at least it appears that we are living in a "hospital age" and the tendency towards institutional care of the sick is constantly growing. There are several reasons contributing to this end. The people themselves realize the lack of accommodation in their homes, when sickness occurs and the doctors realize that in order to give their patients as nearly as possible 100% efficiency as to care and treatment they must have them under close supervision and if possible away from their domestic cares and worries. This applies particularly to the small homesin the rural districts, and more especially to maternity cases.

The prairie mother is not the one to complain, far from it—but words would utterly fail to express the anguish many of them suffer during the expectant period, realizing as they do that there is always that gloomy prospect of being left practically alone at the time of confinement. Such a state of mind must indirectly add to the already high infant mortality. Every problem has its corresponding remedy and the erection of small hospitals of 12 to 20 beds, easily accessible is proving to be the necessary remedy for the supplying of adequate care for the rural sick.

Although the municipal hospital scheme is still in its infancy, the original act respecting municipal hospitals has been twice altered, as experience in operating it has demonstrated where improvements might be made. This of course, was to be expected, because Saskatchewan has been the pioneer in this hospital work.

As yet, even in the larger centres, we find that the city hospitals are always more or less overcrowded, and it is hoped that the creation of a number of small hospitals will greatly relieve this congestion in the city institutions. Realizing that hospital accommodation is so urgently needed in the rural communities of the province, the government has worked out a scheme, and embodied it in "an act respecting union hospitals," making provision for any two or more rural municipalities to co-operate with any number of urban municipalities for the purpose of establishing or providing a union hospital. In this act the word municipality means a city, town, village or rural municipality.

Time will not permit me to give in detail the working of the act, but it has been demonstrated that a taxation rate of less than two mills on the dollar of assessment in the rural municipalities is sufficient to meet the annual repayment of capital cost with interest, maintenance charges and also the fees of the patients, coming from the interested rural municipalities.

Putting this in another way, it is found that the taxation for all hospital purposes amounts to less than two cents per acre or about $3.00 per quarter section.

A large number of districts are anxious to take advantage of the machinery provided, but certain local conditions have prevented them from going ahead, and local jealousy as to the point at which the hospitals should be established, more than any other factor, succeeded in defeating the project.

An alternative scheme therefore makes provision for parts of rural municipalities to unite and petition the Lieutenant-Governor in Council to form a hospital "area" and in this alternative the Lieutenant-Governor in Council has power also to name the point at which the hospital will be situated.

The request in the first instance for a hospital area to be decided on must come from the people themselves. At present there are ten of these municipal hospitals in operation, two more almost completed, and the machinery has been set in motion in at least twenty other districts, for the establishment of hospitals.

The Commissioner of Public Health, under whose direction this work comes, gives every assistance possible by way of advising, as to the size of hospital required for a district, giving suggestions as to plan for the building, and where requested sends out an official to explain the procedure necessary in organizing, breaking it up in such a way as to let the people know exactly what it means to them.

The hospital is the property of the people and is managed by their representatives, and the system is based on principles of co-operation for the benefit of all. A personal interest is aroused in the institution and it is found that where these hospitals are established, the people are thinking a good deal more about health questions, and consequently ordinary epidemics are fewer and more quickly checked.

The homelike atmosphere found in these small hospitals is deeply appreciated by the expectant patient, and quickly dispels any feeling of strangeness or trepidation, she may have had on entering.

The hospital is becoming the health centre just as the school is the community centre, and with the co-operation of the medical attendant, parents and teacher, the time is not far distant when clinics will be held at the hospitals, where regular medical inspection of school children will be carried on.

The following figures will give an idea to what advantage the hospitals are being used in maternity work, particularly:

In 1915—Twenty-eight hospitals with a total of 1,333 beds treated 13,335 patients of whom 1,296 were maternity cases.

In 1916—Twenty-eight hospitals with a total of 1,438 beds treated 18,043 patients of whom 1686 were maternity cases.

In 1917—Thirty-four hospitals with a total of 1,680 beds treated 23,098 patients of whom 2,451 were maternity cases.

It is not to be inferred from these statistics that sickness has increased during those three years, but when it is seen that almost double the number of patients received hospital treatment in 1917, as compared with 1915, and double the number of maternity cases were cared for in hospitals in 1917, as compared with 1915, the demand for institutional care of the sick can easily be realized.

Of the total number of births for the province in 1915, one out of every 13x had hospital care, in 1916 one out of every 11x had hospital care, and in 1917 one out of every 8 had hospital care.

Alberta.—Alberta has adopted the municipal hospital scheme also, but up to date no hospitals have been completed in that province, although several are under way. The Alberta hospital act provides a scheme of organization paralleling that for education. The minister in charge of health work in Alberta, establishes the hospital district, whereas in Saskatchewan the people first petition for such a district. With this exception the Alberta Act is along the same lines as the Saskatchewan Act, the object in each case being to supply the rural districts with public hospitals.

(The Saskatchewan government pays fifty cents per patient per day to government aided hospitals and Alberta pays twenty-five cents per day.)

At the last session in Alberta, a vote of $5,000 was made to co-operate with the Victorian Order of Nurses in the outlying districts, and a further vote of $30,000 was made for medical and nursing service in these districts. Part of this money will probably be used for subsidizing doctors as an inducement to get them to settle in these outlying parts.

Alberta is preparing to get in touch with nurses with obstetrical training, to be engaged and sent out to the more remote areas.

Twelve welfare stations are to be established this year with registered nurses in charge, these to be situated in the more populous centres, outside of cities. These nurses will conduct welfare work particularly in respect to children and mothers, and will also devote some time to inspection of school children.

Manitoba—Manitoba has adopted a system of rural public health nursing, under the direction of the Provincial Board of Health. This work was first undertaken in 1916, when five nurses were placed at different small centres to do purely educational work in the surrounding district. It has been so successful that there are now over twenty-six employed. The nurse's work centres around the school in her district but her function is not that of a school nurse, the object of school work, being, to gain admittance to the home. In the home, a great deal of child welfare work is done, special attention is given to prenatal care, and tuberculosis visiting is also undertaken. The nurses hold meetings for

mothers at rural school houses and give talks and demonstrations in general care of babies and instruction on infectious diseases and their prevention.

The expense of the scheme is borne equally by the municipality, the school, and the Provincial Board of Health. As in the other two prairie provinces, the Victorian Order of Nurses is doing splendid work with its district nurses in Manitoba.

In summing up the work undertaken in the Western provinces in an effort to cope with the problems met in the rural districts the following are the important methods employed:

1. The establishment of municipal hospitals at rural points.
2. The employment of municipal and district nurses.
3. The employment of medical men at a stated salary.
4. The appointment of school nurses.
5. The conducting of Home Nursing Classes and Child Welfare Clinics.
6. Government maternity grants.
7. The system of employing midwives as proposed in Alberta

The Results of Preventive Vaccination with Suspensions of the Influenza Bacillus*

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DESPITE all the warnings that came from Europe and at least a year's time for preparation, nothing which was in any appreciable degree effective was done here to prevent the spread of influenza. Apparently modern methods of isolation and quarantine of cases and carriers are effective, but their application is limited. It has been practically impossible to carry out such measures in widespread epidemics of the acute respiratory diseases. The epidemiologist, overwhelmed, gave up in despair, seeking some protective inoculation with which to cope with the situation. The public, doctors and laymen alike, submitted themselves without hesitation to any experiment. In response to the demand from all quarters, the laboratories of the New York State Department of Health distributed a vaccine prepared from cultures of the influenza bacillus.

So many different conclusions have been reached from the statistics of studies of preventive inoculation against influenza, and so many of these studies have been made without adequate control that it is important to record the results of a study carried out under accurately controlled conditions.

The use of a vaccine prepared from the influenza bacillus is based fundamentally upon the assumption that the disease is a specific disease incited by one organism, and that this inciting agent is the influenza bacillus of Pfeiffer—hence the importance of a knowledge of the pathology of influenza, if the significance of the results of a study of vaccination is to be fully understood. From whatever point of view influenza is studied, the conclusion is reached that the disease is unique and distinct from any other disease. No one has seriously questioned the identity of the disease of this pandemic as compared with that of previous pandemics and epidemics. The epidemiological study of previous epidemics and even of this epidemic has failed to elicit many important facts which might have been determined by a systematic and complete record of the outbreak in different localities and under different conditions. Comparatively little that is definite has yet been gleaned, but it is

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evident that the disease is an infection of the respiratory tract, the agents of which are readily communicated in the secretions and discharges, chiefly by personal contact; and that the incubation period may be as brief as forty-eight hours, which suggests prompt development of the inciting agent after transfer without any appreciable period of incubation.

Althought it is evident from whatever point of view the disease is studied that influenza is a specific infection, no organism known to give rise to such characteristic reactions has been found in the pathological processes, unless it is the influenza bacillus of Pfeiffer. It has not even been established that the influenza bacillus has always been present. The failure to establish its presence has been considered by many observers as explained by the technical difficulties with which its isolation is beset. However, no other organism has been found, unless the very recent investigations of Nicolle and Lebailly in France, and of Gibson, Bowman and Connor, and of Bradford, Bashford, and Wilson in Great Britain establish a filtrable organism as the specific inciting agent.

Much literature has appeared in regard to the use of vaccines. Among the great mass of preliminary notes of incomplete and unauthoritative data are some few definite valuable articles. From such work as that recorded by McCoy, Murray and Teeter, and also by Barnes, I gather that the vaccine that they used produced absolutely no effect. Crofton in Dublin, Tonney in Chicago, Rosenow at the Mayo Clinic, Eyre in the military camps, and other observers record varying but definitely lòwer percentages of cases of influenza following vaccination, in the groups that were vaccinated with pure or mixed vaccines containing the influenza bacillus. Bezancon and Legroux report a mortality of 8% of sixty persons treated and of 8% of sixty treated and 17.8% of twenty-five persons not treated with vaccine.

The reports of different committees in this country and abroad after conferences are definitely conservative in avoiding an expression of favorable opinion regarding the practical value of the vaccines that have been used in the prophylaxis or treatment of the disease. In October, 1918, the British War office, lacking definite knowledge of the specific agent, could only sanction voluntary inoculation with a vaccine composed of influenza bacilli, pneumococci and streptococci, and they considered its therapeutic use in severe cases contra-indicated. The committee appointed by the Health Commissioner of Massachusetts reported that the evidence at hand affords no trustworthy basis regarding the prophylactic treatment of influenza as of value in abating either its spread or its severity. The special committee of the American Public Health Association in their report included the following statement: "Assuming that the cause of the epidemic is an unknown virus, it does not seem possible at present to prevent the primary disease by vaccination with known

organisms. Against the secondary infections there would seem to be a theoretical basis for the use of the vaccines."

The vaccine which was distributed in New York State was prepared by suspending in salt solution the growth of fifteen different strains of the influenza bacillus on the surface of a coagulated blood glycerine veal agar. The vaccine was killed by exposure at 53° C. for one hour and preserved with 0.25% creosol solution. One cubic centimeter contained one billion bacilli. As the practical value of the vaccine had not been established and the use of it was clearly an experiment to determine its value, the fifteen strains which were used in the preparation of the vaccine were all obtained through the kindness of Dr. Park from the Research Laboratories of New York City where influenza vaccine had already been used to some extent. No new strains were added because it was considered important to have the vaccine identical with that used extensively elsewhere.

The demand for the vaccine was unprecedented and it was at first impossible to send all that was requested. Various cities and towns used it and several manufacturing concerns immunized their employees. In the hope of securing reliable statistics large quantities of the vaccine were also sent to the state institutions where the inmates were under medical supervision. The reports from isolated physicians were favorable: influenza did not develop in the persons vaccinated and when it did the cases were mild. Some months later when requested for final reports, many physicians, having their complete records before them, qualified their earlier statements.

Shortly after the distribution of the vaccine, while the epidemic was at its height, Governor Whitman invited representative men from the eastern medical centres to confer and to constitute a committee with the Commissioner, Dr. Biggs, as chairman. This committee, divided into sub-committees, undertook, at several meetings, to consider carefully the epidemiology, pathology and bacteriology of the disease. A study of the practical value of influenza vaccine was considered of first importance. The reports on the use of the vaccine were so unreliable that a special test of the vaccine under carefully controlled conditions carried out by a physician and nurse and bacteriologist* was recommended in addition to general study in all the state institutions. Five state institutions were

*The bacteriological examinations were made by the staff of the central laboratory in Albany and the branch laboratory in New York City under Dr. W. C. Noble, but principally by Miss M. W. Wheeler who was stationed at one of the larger institutions. Dr. J. W. Cahill, with the assistance of Mrs. Cahill and Miss A. E. Leitmeier, vaccinated the inmates and recorded the results of subsequent observation with the very hearty co-operation of the staff of the institution which was everywhere depleted by the war to about sixty per cent. of the normal personnel. It is entirely owing to the careful work of all engaged in this task that this study was brought to such a satisfactory conclusion.

selected where the vaccine had not been extensively used and comparatively little influenza had developed.

These observations on the use of influenza vaccine in New York State thus comprise scattered reports from different physicians and health officers, general reports from all the state institutions, and the report of the special study in selected institutions.

The reports from health officers and physicians are necessarily so incomplete that it is scarcely worth while to tabulate them. It is obviously impossible to secure complete reports from cities, towns, or villages, but owing to the exceptional interest taken in the study of the epidemic the final reports contain a record of the observation of 1,514 persons who were vaccinated. One hundred and forty-eight cases of influenza developed in this group. Some physicians reported milder cases in the vaccinated persons but the epidemic was then subsiding: others noted no difference in the severity or the number of the cases. Although favourable reports were received at first, this was exceptional later, and it was soon evident that the vaccination did not give complete protection against influenza.

The reports from all the state institutions have been brought together in a table to show only the totals because the vaccination was carried out so irregularly in many of them.

TABULATION OF STATISTICS OF VACCINATION WITH INFLUENZA VACCINE IN TWENTY-EIGHT STATE INSTITUTIONS

Population of institutions	39,263
Population of districts	590,905
One district	410,205
Number vaccinated:	
1 dose	6,503
2 doses	1,964
3 doses	5,113
Number of cases of influenza among the vaccinated after	
1 dose	167 or 2.6%
2 doses	89 or 4.5%
3 doses	77 or 1.5%
Number not vaccinated	33,551
Total number of cases of influenza among the unvaccinated	12,364
Number of cases of influenza that developed after others were vaccinated	251 or 0.75%

A reformatory and three institutions for the insane—Elmira Reformatory, Kings Park, Central Islip and Middeltown insane asylums were selected for special study. These institutions had a population of 12,657

inmates, of which 5,403 were vaccinated with three doses of influenza vaccine. A first dose of 0.50 cc. and a second and third of 1 cc. each. The vaccine contained one billion bacilli per cc. The number of cases of influenza occurring among either the vaccinated or the unvaccinated inmates was small, and there was nothing particularly noteworthy in the results. In the reformatory none of the vaccinated persons developed influenza, whereas twenty-nine, or 7% of the unvaccinated contracted the disease. In one institution where double the dose of vaccine was administered, the small percentage of cases was practically the same in both the vaccinated and the unvaccinated groups.

During the epidemic many of the members of our laboratory staff wished to be vaccinated. This gave opportunity for another accurate study. Forty-four of the 146 members of the staff were vaccinated. The results show that among the forty-four, twelve or 27.2% had influenza: there were three severe cases and one death. Of the 102 unvaccinated there were 27 cases, or 26.4%, with five severe cases, and no deaths.

To sum up the results of all this study of the practical value of vaccines in influenza, it is evident that the vaccines that have hitherto been used, have failed to give reliable protection against influenza or influenza-pneumonia.

Bacteriological study demonstrated the presence of the influenza bacillus in at least twenty-one of sixty-six cases that developed after vaccination. Bacteriological investigation also demonstrated the presence of the influenza bacillus in a large proportion of the cases of an outbreak of influenza in an institution, the inmates of which were previously practically free from influenza bacilli.

The vaccines prepared from cultures of the influenza bacillus are apparently harmless, giving rise to very little reaction in only 0.9% of the injections when given subcutaneously. The injection seems to increase the febrile reaction if given after influenza has developed, but it is difficult to determine how much of this is due to the vaccine and how much would have occured if the vaccine had not been given.

The statistics from the twenty-eight state institutions taken as a whole show a greater number of cases in the vaccinated than in the unvaccinated, but these records are so incomplete that it is impossible to determine their significance. The statistics from the four institutions which were carefully studied as an experiment show a much lower incidence of influenza after vaccination, and this is quite marked when the cases developing the first week after vaccination are deducted. But the fact that in the institution where the dosage of vaccine was doubled the incidence in the vaccinated and unvaccinated was about equal, makes one hesitate to draw too definite conclusions from this lowered incidence.

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The Physician's Part in Preventing Mental Disorder*

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I MUST confess to no small sense of trepidation in attempting a paper on this subject. While the best years of my life were given to the oversight of a hospital for the insane, and while the experience then gained naturally biased me strongly in favour of any movement directed towards the prevention of mental disorders, it must be recognized that one who has been called upon to render service only to those in whom mental disorder is already well developed can have little more than theoretical conceptions relative to the conditions which underlie breakdown of the faculties of mind. Moreover, since the mental hygiene movement really got well under way, my time has been so absorbed by a multiplicity of other duties that I have been able to give only passing heed to the developments in this new field of preventive medicine. Yet I am so firmly convinced of the importance of a well directed effort to limit the incidence of psychic disablements, and so certain of the possibilities of accomplishing a great deal in this respect, that I could not deny myself the opportunity of making even a very small contribution to the programme of the Section.

I have comforted myself in the thought that others able to speak with more authority will deal rather particularly with certain specific phases of the subject of mental hygiene, and in this belief it is my purpose to consider more especially some factors which may be presented in a practical way to the general practitioner. For the general practitioner has the great advantage of being witness to the earlier manifestations of mental disorder, and is thus in a position to acquire data which may be of great service in the ultimate estimation of the relative importance of various causal factors. For this reason it is most desirable that workers in mental hygiene should have the hearty co-operation of the physician in general practice.

It is not merely for the sake of the individual that mental breakdown should be averted. No other infirmity is so catastrophic to the individual, and this fact alone would justify the adoption of every feasible method which might save a single person from such great misfortune.

*Read at the Eighth Annual Congress of the Canadian Public Health Association, held at Toronto, May 27th, 1919.

But there is much more to be considered. All the members of the family of the victim of mental disorder are subjected to distresses and anxieties and disablements which not only prevent the full enjoyment of life but which may seriously interfere with their normal activities, reducing earning power and lessening productiveness. It is of definite importance to the State that every member thereof should be able to render the full service of which he is capable, and when one considers the numbers who are hampered in their daily tasks by the attention which they must give to mentally unfit relatives, one realizes that this is itself a matter of no small concern to the State. And when we further consider that the vast majority of the mentally incapable, who in Canada number many thousands, are not merely useless members of society, but must be supported by the public, it is seen that there is an economic side to the question which is of no small consequence. But there is still more to be thought of. The so-called lesser grades of mental defect are perhaps really those of paramount importance, for these are accountable for a very large share of the criminality and immorality and delinquency and pauperism which cost us so dearly, and it is these lesser defects which are most likely to be passed on from generation to generation. The problem, then, is many sided, and bears so intimately upon national efficiency and national progress that we cannot afford to disregard it.

From all quarters we hear that insanity is becoming more prevalent. There can be no doubt that the number for whom institutional care is being sought is increasing in a much greater ration than the general population. This is to be accounted for, in some measure at least, by increasing confidence in the administration of institutions for the insane, by a quicker recognition of mental abnormalities than formerly, by the comparative ease with which patients may now be transported to institutions, by a growing attitude of intolerance on the part of communities to the vagaries and eccentricities of those showing even a trifling mental warp, by a lessened sense of responsibility on the part of relatives, and by other factors which come less into evidence. While much of the apparent increase in mental infirmity may thus be accounted for, there still remains the fact that the burden which mental defect imposes on the State is growing, not only steadily but rapidly, and many careful students of sociological problems express the conviction that the percentage of population manifesting a greater or lesser degree of mental deficiency is really growing larger. If this be the case, the importance of devising some check to so disastrous a trend is surely obvious.

Despite the fact that the evidence that heredity is prominently concerned in the causation of insanity is still largely circumstantial, it is impossible for one who has followed out the family history of many cases to dispossess himself of the belief that it is a potent factor in predisposing

to and even in determining mental breakdown. For while the seemingly determinant factors may be external, they are often consequential upon the mental attitude of forebears. This applies especially to such things as home and personal hygiene, food and habits generally. When we consider heredity, we must take account not merely of mental abnormalities but of all conditions in the forebears which may militate against the propagation of virile and stable progeny. In respect to feeblemindedness the evidence is convincing that like begets like, and it has been further demonstrated that the average family of a feebleminded mother numbers much larger than the average family of a normal minded mother. Such circumstances enter largely into the argument of those who would safeguard futurity by resort to some or other means of preventing precreation by the mentally unfit. Inasmuch as the practitioner is at times consulted by those who meditate matrimony, he may be able to occasionally render a definite service by discouraging a union which might be expected to lead to the birth of children so sired or damed as to practically doom them to a life of incompetency.

And then the practitioner has also the opportunity to sometimes advise the mode of life to be followed by those whose heredity predispose them to mental disaster. In such case he should realize that everything possible should be done to assure the *corpus sanus*, which we believe to be so essential to a *mens sana*. The stresses of active competition and the absurdities of many of our social customs bear hard upon an unstable nervous organization. Those whose nervous and mental endowments are unstable should be advised to live quietly, to avoid meticulously any unnecessary excitement or entanglement which might make excessive demands upon mental and nervous energy, to attend carefully to all details of personal hygiene, to maintain the general health at the best attainable standard—reporting promptly to the physician any departure from that standard, and particularly to place strict limits upon worry and to abstain from alcohol and from any chance of acquiring venereal disease. If statistics count for anything they show conclusively that alcoholism and syphilis are very potent factors in the causation of mental disorder, and that they are particularly disastrous to those whose inheritance respecting mental and nervous conditions is not of the best. As it is more especially those of unstable nervous organization who are prone to fall victim to the lures of Bacchus and Venus, this point should be stressed when dealing with such people.

Worry is one of the causes of mental disorder which looms large in the statistics. Naturally it is most in evidence where the strain of competition is most felt, and that is in the large centres of population. Hence the desirability of protecting the predisposed by having them locate where they may live quietly in freedom from the special demands

which city life imposes and which few can meet without taking much thought of the morrow. Worries resulting from domestic infelicities, however, are not restricted to the cities. Where such are suspected, all parties concerned should be interviewed, and tactful representation made of the need for establishing harmonious relationships even though this may require of some the exercise of a disproportionate share of patience and forbearance.

The so-called critical periods of life are fraught with dangers to those predisposed to disordered action of the mind. For many years prominent psychiatrists have been urging the importance of toxic states in the production of mental disorder, and the age of the individual appears to have an influence in determining the effect of a toxic state. To instance this, it is necessary only to cite the distressing consequences which often follow apparently trivial febrile processes in young children, the peculiar liability of adolescents to dementia praecox, the remarkable limitation of general paralysis of the insane to a fairly definite age period, and the likelihood of a psychosis developing at or just after the menopause assuming a depressive type. Our knowledge of the exact nature of the toxic states concerned in the production of these psychoses is still very indefinite, but we feel that they may often be prevented by careful attention to the general health. It would seem to be important that the various emunctories should be kept functioning properly and that the diet and habits of life should not overtax these organs. These precautionary measures are to be advised in all persons, but more particularly in the predisposed, and the advice of course applies with especial force to the years which constitute the critical periods. It is unnecessary to say that sepsis appearing in the parturient woman adds to the peril of mental developments at a time when many emotional and physical stresses have already subjected the patient to much danger, so that this is to be regarded as one of the reasons for doing everything possible to assure a normal labour and convalescence.

It might be observed, too, in this connection, that social conditions play a part, in association with other factors, in the epochal psychoses. A smaller proportion of private patients break down in adolescence or in old age than of pauper patients, while the reverse is to be said of climacteric cases. Pregnancy, the puerperal state (not septic), and lactation, too, are less prone to enter into the causation of mental disease in the well-to-do than in the poor. The inference to be drawn is very obvious. All feasible efforts should be made to provide favourable living conditions for the predisposed, especially when the critical periods are being approached and passed through.

Any departure from the mental norm of an individual should cause his medical adviser the gravest concern, and should lead to an immediate

investigation, thorough and comprehensive, of the physical condition of the patient with the object of discovering a possible physical basis for the mental symptoms. No greater disaster could be conceived than a chronic mental derangement which might have been averted by careful and diligent attention to the first warning signs. Death itself is preferable to mental incompetency—especially when it is associated with the incomparable suffering of melancholia.

The opportunities for the physician to aid in the prevention of mental incapacities is not limited to his professional sphere. By his advocacy of any public measure which promises usefulness in this particular, he can help along the good work. Thus his support of movements aimed at the restriction of venereal disease and intemperance, at the sequestration of the feebleminded for at least the reproductive years, at the proper supervision of immigration, as well as of all sanely devised schemes for social betterment will be of definite assistance. Further he may be able to help by removing prejudices against the admission of mental cases to general hospitals, and by advocating psychiatric clinics in connection with such hospitals and more thorough teaching of psychiatry in the medical schools.

Canada is today faced with a situation not less perilous than that involved in accepting the challenge of the Hun. We have entered upon a period of competition such as was never before dreamed of. Our place among the nations depends upon our ability to meet this competition, and this in turn depends upon the physical, mental and moral qualities of our people. Material progress is essentially dependent upon adaptation to the opportunities with which nature surrounds us. Paleolithic man, in countless milleniums, made little progress in adapting himself to these opportunities. In the neolithic age, progress was more rapid but still distressingly slow. The age of metals has, in this respect, been characterized by an almost steadily increasing momentum, which has of very recent years been accelerated at a rate which cannot be contemplated without concern. Every day the process of adaptation becomes more difficult—the adjustments become more complex—the tax upon the human machine becomes greater. Correspondingly the need for giving serious heed to man's necessities in the way of physical and mental endowment becomes more accentuated. In the confusion and excitement of the struggle for place, the theorist is apt to receive scant attention. But when a real emergency arises, we find that the theorist is of use. Have not the musty old professors of chemistry and physics and physiology and psychology and a lot of other 'ologies been eagerly brought out from the seclusion of their libraries and laboratories to solve emergent problems of the war, and have they not rendered a wonderful service? And now, with a new emergency confronting us, should we not call upon

those who have been studying man in the abstract to tell us how man may best adapt himself to the extraordinary stresses to which he is to be subjected? We are greatly in need of guidance in such particulars. Would it not be a perfectly logical and reasonable thing to set men whose training qualifies them for such tasks to formulate for us such rules as will enable us to adjust ourselves to the conditions which confront us, and to prepare us for a career which will not merely be creditable but will assure to Canada a foremost place among the nations.

The Federal Department of Health

EXTRACT FROM HANSARD REPORT ON THE DEBATE IN THE HOUSE OF COMMONS

(*Continued from the June issue*)

On the schedule:

Mr. J. H. Sinclair.—I called the attention of the House the other day to the fund administered by the Department of Marine and Fisheries, and I presume that the schedule would be the proper place to add "Chapter 113 of the Revised Statutes?"

Mr. Rowell.—The Canada Shipping Act, Chapter 113, Sections 406 to 408 inclusive, I think should be added to the schedule.

Mr. J. H. Sinclair.—What becomes of the fund to the credit of the Health Branch of the Department of Marine and Fisheries? I understand that a considerable amount of money has been collected from ships at the various ports, and that the fund so formed is for the purpose of caring for sick seamen. I would like to know if the hon. minister has considered the destination of that fund, or whether the Minister of Health to be appointed will have charge of it.

Mr. Rowell.—As the fund is collected for administration under the general provisions of the Act, I did not think it was desirable to take its collection out of the hands of the Minister of Marine and Fisheries who now administers it under the Act, but I think there is no doubt the fund must be applied to the purposes specified in the Act and would be available for paying the expenses of these hospitals just as it is to-day. The effect of the change, that is, the placing of sections 406 to 408 of the Canada Shipping Act in this schedule, would be to place the actual administration of the hospitals under the Department of Health, as those are the sections which specify the particular minister who shall administer the hospitals. I think the money would still go in exactly the way it goes to-day, and as it should go.

Mr. J. H. Sinclair.—It has been impressed on the attention of the Marine Department for years that something should be done for sick seamen owing to the fact that this money had been collected from ships at our ports and had accumulated to a large amount, and that in many places hospitals had not been provided. My

object in putting my question to the hon. minister is to find out if the new department will look after sick seamen in a better way than that work has been done in the past.

Mr. Peter McGibbon.—I would move that the Animals Contagious Diseases Act, the Inspection of Canned Foods, Act, and the Penitentiaries Act be included in this schedule. I do not think any argument is needed for including the Animals' Contagious Diseases Act, because this is the only natural place for it. Many diseases, such as tuberculosis and anthrax, affect both animals and men. I might point out that diseases are intensified apparently by going through the animal kingdom, and the human being contracts them in an aggravated form. The Inspection of Canned Foods would naturally fall under the work of this department, also the penitentiaries. Very often we have the feeble minded and the partially demented in our penitentiaries, and they require medical supervision.

Mr. Nesbitt.—I do not care whether you include the inspection of penitentiaries and of canned foods, but I do object to animal diseases being put under this organization, because I think the work is remarkably well handled as it is, and it belongs properly to the Agricultural Department.

Mr. Peter McGibbon.—I might point out to the hon. member the fact that tuberculosis in the animal kingdom is increasing rapidly. I am speaking from memory and subject to correction, but I think the percentage last year increased from 2.9 to about 3.6. That does not look as if that particular branch was being very well handled.

Mr. Nesbitt.—The hon. member need not point that out to me; I know as much about it as he does.

Mr. Peter McGibbon.—Then I am surprsed at the hon. member making that argument.

Mr. Rowell.—The Acts to which my hon. friend (Mr. Peter McGibbon) refers are now being administered by three separate departments of the Government: the Animals Contagious Diseases Act by the Department of Agriculture, the Penitentiaries Act by the Department of Justice; and the Food Act by the Department of Trade and Commerce. The transfer of these services to this department involves an important question not only of policy but of administration. There is power under the clause we have already passed for the Governor in Council to transfer the medical administration under any one of these Acts to this department, should it appear expedient to do so. In view of that fact I would suggest

that the hon. member should not press the amendment at the present time. The matter will be considered by the Government in due course.

Mr. Peter McGibbon.—In view of the minister's remarks, I withdraw the amendment.

Amendment withdrawn, and schedule agreed to.

On the preamble:

Mr. Rowell.—I move that, in accordance with the suggestion which was made when the Bill was previously in Committee, the preamble be amended by adding at the beginning thereof the following words:

> Whereas it is expedient for the preservation of the health and the promotion of the social welfare of the people of Canada that a Department of Health be established in the Dominion therefore

Amendment agreed to and preamble, as amended; agreed to.

Bill reported.

An Open Letter to the American Red Cross on Systematic Financial Aid in Support of Selected National Health Promoting Activities

Mr. Henry P. Davison,
The American Red Cross,
National Headquarters,
Washington, D.C.

April 8, 1919.

My dear Mr. Davison:

It has been suggested to me that I communicate to you the following observations concerning the possible future activities of the American Red Cross, with special reference to the financial support of national health promoting agencies. The observations are in a large measure based upon my rather extended experience with boards of directors and executive committees of such national organizations as the National Tuberculosis Association, the American Society for the Control of Cancer, the National Safety Council, the National Committee on Malaria, etc. I have, however, also briefly discussed some of the details involved with Mr. W. Frank Persons, formerly Director-General of the Department of Civilian Relief, Dr. Henry W. Cook, formerly in charge of the Bureau of General Medical Service, Mr. Curtis E. Lakeman and others thoroughly familiar with the broader plans and purposes of the American Red Cross in its particular relation to the subject-matter under consideration.

At the outset, it may be laid down as a fundamental principle that it would be most regrettable if the general membership of the American Red Cross were permitted to lapse in a large number of cases because of an apparent non-necessity to continue such membership on a universal scale. I am strongly of the opinion that the principle of universal membership in the American Red Cross should not be abandoned because of the termination of the war, but that, quite to the contrary, the view should gain ground that the future effectiveness of the American Red Cross in any national or international emergency must in a large measure depend upon the principle of universal membership.

I, therefore, believe that the one-dollar payment for such membership should be continued and that the annual campaign for membership should proceed more or less in conformity to the methods which have been found satisfactory in the past.

The question which first arises is, of course, as to the best advantage which could be made of the *Red Cross dollar*, as the payment

might become known by its future universality and practical perpetuity. Let the American Red Cross assume the responsibility to serve in the future in a substantial measure as the collecting agency for funds required for the maintenance and support of selected national health promoting agencies and let the fundamental principle in the distribution of funds be similar to the action which underlies the present (1919) relation of the American Red Cross to the National Tuberculosis Association. It seems to me that this arrangement is wholly admirable and thoroughly effective in providing for the financial needs of national associations, without the friction of unnecessary duplication in money-collecting devices, even though through satisfactory methods, such as the sale of Red Cross Christmas seals, etc.

It might be suggested that the American Red Cross should first deduct twenty-five per cent. of all the money collected on the basis of universal membership for its own administration and the accumulation of a reserve fund. On the basis of, say, a standard twenty-million membership, this method alone would yield to the American Red Cross for its own immediate purposes and solely in behalf of the Red Cross dollar membership an annual income of not less than five million dollars.

A second twenty-five per cent. of the original funds collected might be assigned to local chapters for local educational relief and emergency work. Some such distribution would be necessary to retain an active local interest on the part of the membership, thoroughly well aware of the fact that its local pecuniary needs would be provided for by the American Red Cross.

The remaining fifty per cent. of the total income derived from the Red Cross dollar membership might be considered a separate and distinct fund, available exclusively for the needs of approved national health promoting agencies. If, for illustration, ten per cent. of the total amount raised through the Red Cross dollar membership fee were assigned to the National Tuberculosis Association, more than two million dollars would be made available for the needs of that association, or, more accurately, for the needs of State and local associations for purposes of prevention and relief. In much the same manner of the remaining forty per cent., or forty cents, of the Red Cross dollar, it might be feasible to assign, upon careful investigation, a proportion of ten per cent. of the total funds to the needs of the National Committee on Child Hygiene, while as much as five per cent. might be made available to the American Society for the Control of Cancer, the National Committee on Malaria, and similar organizations, now more or less inadequately financed, though apparently urgently in need of a larger measure of financial support.

As a safeguard for its own protection, as well as a desirable innovation, the American Red Cross should insist upon a preliminary budget, subsequently to be followed by an annual audit and the revision of such budgets in matters of detail, to the entire satisfaction of the American Red Cross. Such a method of financial accounting would strongly tend to standardize methods and eliminate duplication of effort and also bring about a reduction of expenses in many important directions. By this means the American Red Cross would secure a veto power over possibly useless national activities, and it may safely be assumed that the organization could be relied upon to exercise its powers in an absolutely impartial and otherwise thoroughly trustworthy manner. Some years ago a Committee of Fifteen was appointed to bring about the coordination of health promoting activities, but the practical difficulty then experienced was the conflict of interests, more or less personal, which would be eliminated if the major portion of the funds required for such activities were collected and distributed hereafter under proper supervision through the agency of the American Red Cross. It has been said that there are some fifty-seven national health promoting agencies, but many of these are not truly national in plan and scope, and probably fifteen or twenty of such associations or agencies would constitute the major portion of activities deserving of special consideration. By acting for these organizations or agencies in the collection of funds through a national and universal dollar membership, the American Red Cross would make all of these activities truly national in plan and scope and make each and every member fully aware of the importance of active cooperation with local health activities in the furtherance of local health promoting plans and purposes.

There is naturally much public anxiety as regards the future of the American Red Cross, which, having rendered such extraordinary services during the war, it would seem most regrettable to have in a large measure eliminated from the sphere of our future national activities. It is strongly felt that the American Red Cross could become extremely useful in connection with public health efforts, whether Federal or local, provided the Red Cross refrains absolutely from entering on its own account this most difficult and rather involved field of public, private, philanthropic and governmental service. By acting, broadly speaking, as the financial agent for selected national health promoting activities, every serious difficulty would be overcome and the American Red Cross would be made an integral part of all essential efforts tending to promote national health and well-being.

Essentially an emergency relief organization, the primary function of the American Red Cross should not in the least be confused with national services not in the nature of relief, but rather of a health and

welfare promoting character. The relief work of the organization has always been largely, and properly so, in the nature of a nursing service, either during war or during other extraordinary emergencies, and it would seem of the utmost practical importance that this function should be most thoroughly conserved and as far as possible enlarged upon. The Home Nursing Service, so splendidly organized and developed during the war, has neither been fully utilized for war or after-war purposes, not even during the epidemic of influenza-pneumonia. Thousands of women who passed their examinations and who were honoured with certificates of efficiency have found themselves practically forgotten and not used in national emergencies for which they seemed particularly qualified. There could be no more valuable effort on the part of the American Red Cross than to establish what would practically be equivalent to a *home nursing service*, consisting of women thoroughly trained under the direction of the American Red Cross. For there is the most urgent need throughout the country for a home nursing service on a voluntary basis, occasionally perhaps supplemented by services rendered on the basis of a moderate compensation. Such an emergency home nursing service should be available to the nation in the case of great epidemics, such as those of infantile paralysis, influenza-pneumonia, etc., or in the event of national emergencies, such as floods, earthquakes, etc. The qualified training which the American Red Cross has given to its graduates in home nursing has unquestionably been the means of saving countless lives and of promoting the comfort of countless patients in the home, of whom there will never be a record. If such a home nursing service, therefore, were made the primary basis of an appeal for annual membership, supplemented by the explanation that every such member would also be given furtherance to approved national health promoting activities, the dollar universal membership would assume a much higher dignity and secure a more pronounced social status in the eyes of the public than is probably at present the case, and the perpetual continuance of such membership would become practically a national duty on the part of every man, woman and child enlisted in the good work of the American Red Cross.

The fact is not overlooked, of course, that the American Red Cross fulfills many other functions than the one herein briefly referred to, such, for illustration, as training in qualified first aid to the injured, which might well be more emphasized than has actually been the case. Such instruction should be made practically universal in the future and made available to all willing to qualify. It has been the experience of the National Safety Council that the introduction of first-aid teaching in industry is much facilitated by the preliminary training given by the American Red Cross. Quite similar has been the experience of the U.S.

Bureau of Mines. It is, therefore, to be hoped that there may be the fullest cooperation between the American Red Cross and the National Safety Council in behalf of the extension of first-aid teaching to schools and colleges, in the furtherance of the cause of safety first.

Restating the foregoing observations, it would seem to me that if the appeal for an annual one-dollar membership in the American Red Cross were made to rest primarily upon the services rendered by that organization in the development of home nursing and first aid to the injured, amplified by the suggestion that such membership would carry with it the support of approved national health promoting activities, the work of which would practically be familiar to one and all, the value of the membership would be more thoroughly realized on the part of the general public and form in course of time the background of American philanthropy, as visualized to every man, woman and child by the broader activities of the American Red Cross.

The Social Background.

Prohibition in Relation to Social Problems.

ACTING under instructions of the Executive the following report has been prepared:

The N.W.A. is concerned with the problem of Intemperance simply in so far as it is a handicap of families. Intemperance is a social problem and is here treated simply as such. The moral aspects of the situation would not enter into a report of this kind.

A number of the affiliated organizations of the N.W.A. who are most closely in touch with family visitation work, have been interviewed with the single idea of getting their experience in this problem.

Rev. M. C. MacLean, Director of Memorial Institute, was enthusiastic in his support of prohibition as a vital factor in solving social problems: "I would say that all the workers at Memorial Institute agree that great good has resulted from the measure of prohibition we have had. During the two trying winters of 1917-18 and 1918-19 when all commodities were so expensive, we found that a surprisingly small amount of relief work was required to be done. We can also point to many houses, where with the passing of the legalized liquor business, conditions have greatly improved. We in consequence would much regret the return of the old order".

Father Bench, Superintendent of Catholic Charities, gives the following as his opinion: "While Temperance legislation in Toronto has not effectually eliminated the evil aimed at, and while it may have been the indirect occasion of introducing other evils, my personal experience in social work in this city convinces me that it has been productive of untold good and that it would be a crying shame to return to former conditions".

The following report has come in from a group of Neighbourhood Workers in the northern section of the city, who are competent to speak authoritatively regarding their community: "On the whole, the Ontario Temperance Act has proved to be a great benefit to many families with whom we have come in contact. Several mothers have told us that they hope the Act would be extended.

Home conditions have improved. Houses are better furnished while families are more adequately clothed and fed. Many women who previously were forced to supplement the family income by going out to work, have found since the abolishment of the open bar, that their husband's income is sufficient to maintain the family.

The following case may be of interest. Family were in poor circumstances previous to the passing of the O.T.A. owing to the fact that both father and mother were drunkards. There were frequent brawls which made the home life very unpleasant and were a source of annoyance to the neighbourhood. Now the home is quite comfortably furnished and the children are in attendance at school regularly. The husband has been working steadily. The mother has improved in health and has been attending the dental clinic where work was completed a few weeks ago. The eldest daughter is working, and she, with the other children, attend Sunday school regularly. Neighbours who have known the family many years say that there has been a great improvement in home conditions and relations since the passing of the Ontario Temperance Act."

Mr. A. Laughlin, Supt. House of Industry, states that: "Since Prohibition has become effective the decrease in the numbers applying for admission to the Toronto House of Industry and Wayfarers Lodge has been very noticeable. The reduction in out-door relief however we think has been effected more by war conditions than prohibition".

At the last meeting of the Parkdale N.W.A. the following resolution was passed: "That the Parkdale N.W.A. places itself on record as approving strongly of the Ontario Temperance Act. It is the hope of the association that the Act be extended".

A group of Neighbourhood Workers in the north end of the city state: "With the exception of two noticeable cases, the question of intemperance as the cause of poverty and other unhappy conditions in this district, is practically negligible. In the case of the two families that are the exceptions, conditions are rather worse than they were before September 1916. This is due to the fact that the stimulant consumed is so badly adulterated and also that it is illicitly obtained, thereby lowering the moral standard of the men in question.

We have visited the Police Station and have asked the police for a statement, entirely unofficial, of course. They hold varying views. One of the house-duty men who has been years in this district says that conditions are immensely improved but claims that the change began with the early closing of the bars. Another, a sergeant, corroborates this and says the district does not give the men one quarter of the work that it did at one time. A plainclothes man, however, says that his work has increased to a very great extent, the presence of the "blind pigs" being the cause. He admits that the man in uniform find the streets quieter, but he says the illicit whiskey business is springing up all over, a noxious growth that is bound sooner or later to have a poisonous effect on the neighbourhood in which it is situated.

All the men are agreed on one thing and that is that the men who are brought to the cells in a drunken state are in a far more serious condition physically than they were at one time, the consumption of adulterated liquor being the cause."

Rev. J. A. Miller, Superintendent of the Ontario Government Public Employment Bureaux, unhesitatingly declared himself: "As one compares the conditions in Toronto during the past winter with those of the winters 1914 and 1915, one cannot help feeling well pleased that the drink question is almost entirely eliminated of being the cause of hardship during the past six months. In the 1914-15 periods, out of four thousand men who applied to the writer for work or sustenance, three thousand were single men, most of whom had not a single copper, and insufficient clothing. Nine out of ten of these confessed that they were moderate drinkers and quite a large number admitted that drink was really the cause of their being in such a dire plight. In many cases where work after much difficulty was secured, the men would enter upon a debauch as soon as they received their first pay. Most of these men were not bad fellows but found the bar room the most congenial place for the homeless man. When a really serious depression, such as that of 1914 came, these were simply down and out.

The writer dealt also at the first of the war with a great many married men, many of whose homes had been seriously affected by drink. He has kept in touch with a number of these, and has been delighted to see the greater amount of happiness present when there is no open bar. He also dealt with another class. Those who came from the lumber woods or construction work, with their season's earnings, and often had nothing left in two or three days' time. He has known of only one case of that kind since the Ontario Temperance Act went into force. He has no doubt that the difficulty to secure strong drink should be so increased that there would not be a home in the land suffering through its influence, and that congenial surroundings should be furnished by organizations which should look upon the kindly treatment of the stranger as a chief part of the work".

Social conditions have so improved under the present Prohibition Act that a group of well informed Neighbourhood Workers in the west end feel that there is no comparison between the time when Local Option did not exist and the present time.

The following is one of many cases which have caused them to reach the above decision. Before prohibition Mr. A. had been a drunkard of the worst type. Under the influence of liquor he had abused his wife, who was pregnant, causing her very poor health and premature birth of child. He used violent language before his children and was cruel to them. The money which should have clothed and fed them was

spent on whiskey. Though at present conditions are far from perfect they are much improved since prohibition. The income is more regular, children are being better cared for and altogether home is showing a decided change for the better.

Miss Gregg of University Settlement says, "There is assuredly a very great difference in this part of the city since prohibition has been in force. It shows itself not only in more orderly streets but also in the happier home conditions with which we meet."

John McMillan, Chief Secretary of the Salvation Army says: "The experience of the Salvation Army with regard to Prohibition is that it is wholly beneficial, and we feel that it would be a national disaster of great magnitude for it to be withdrawn. We dread its withdrawal because it would plunge multitudes of women and children back into moral degradation and physical suffering, which are the inevitable accompaniments of the habitual use of strong drinks. This return to former things would be the more bitterly felt because during the period in which Prohibition has been in force, there has been so great a change for the better. We know there are very many who were formerly slaves to strong drink, and who are thankful they cannot now get it, who would, if the bars were opened again and the old temptations brought to bear upon them, be sure to fall into their old ways and to do so with greater disaster because they have been for a time without alcohol."

A group of Neighbourhood Workers in a downtown district have sent in the following report: "It is our opinion that home conditions have been much better and there has been less drunkenness on the streets since Prohibition has been in force. We hear a great deal of secret drinking and one woman in the district boasted to a neighbour that she could get all the liquor she wanted and a supply for her neighbour. But, fortunately for the young boys, the terrible temptation of the open bar has been banished and most of the mothers the Workers have spoken to, hope and pray it may never come back.

The other day a soldier's wife told about her husband, a drinking man, overseas three years, left her in two rooms with little or no furniture. Woman worked and saved her money and is now living in a six-roomed house, comfortably furnished. The one dread connected with her husband's home-coming is that the license may come in force again. Asked if she would vote for Prohibition, answered "decidedly so".

Another case—man a hard drinker, woman obliged to go out to work by the day, three children poorly clothed. Home conditions of the poorest. After Prohibition man went to work; has given up drinking. Family moved to a better house. Little girl aged fourteen now attending Conservatory of Music. Other children well clothed and attending school.

A young man, hard drinker, lost a splendid position through this weakness. They had one child and were forced to live in one room. Since Prohibition, man has ceased drinking, obtained a good position and has a comfortable home".

Rev. Father Minehan, pastor of St. Vincent de Paul, Roman Catholic Church, expressed his experience in these words: "There is but one opinion amongst all classes with whom I am in contact, concerning the Prohibition Legislation of the Dominion and Provincial Parliaments, namely, that it has been a blessing of the highest order to our country. Everywhere I go I see conditions which are a welcome contrast to the days of the bar-room, gone, let us hope, never to return, either in the form of whiskey and its robust associates or in the more insidious form of the "beer with a kick in it". There is of course a good deal of illicit drinking going on, but it is principally confined to the bar-room graduates who between draughts of "hair restorers" and wood alcohol, are steadily diminishing".

Mr. Edmund Scheuer, President of the Federation of Jewish Philanthropies, was the only one interviewed who felt that in his experience with social problems, the facts did not justify a statement as to the beneficial results of Prohibition. Explanation revealed that this was not because Prohibition had proved ineffective, but because intemperance at any time is practically unknown among the Jews. Mr. Scheuer said, "Destitution among our people has practically never been due to intemperance".

The workers of Parkdale District are not unanimous in their opinion. Some favour Prohibition; others do not; while there have been some families under supervision where they still seem able to procure it. Different points discussed were:

1. That though intemperance has decreased it is partly owing to the absence of the men overseas.

2. That the drinking of whiskey being lessened, other beverages more harmful, and drugs, are being used.

3. That the importation of whiskey being possible only to the few who can afford it, as a rule, those do not come under supervision.

4. That the Temperance Act were it more rigidly enforced, would be a benefit to the country.

From Miss A. Ethel Dodds comes the following: "In the experience of St. Christopher House, prohibition has been a great blessing in the vast majority of homes. There are some who will get liquor in spite of it, but I should say that in nine cases out of ten, the man's earning capacity has been increased, and the health, comfort and happiness of the home improved—sometimes to an almost miraculous degree".

Some of our workers in the extreme east end of the city are of the opinion that less relief is necessary and the children are better cared for.

In the case of a mother who was frequently sentenced to the Jail Farm for drunkenness, a marked improvement was found, since the Act. She now seems interested in her home and is taking good care of her small family.

In certain cases the report is that the improvement has not taken place in some families because the husband is still getting liquor either through prescription from doctors or through illegal means.

In the cases cleared through the Neighbourhood Workers Association, during the eleven months ending April 30th, 1919, only nine cases out of 773 were reported as having the handicap of intemperance. There are no statistics for the years previous to the passing of the Ontario Act with which to compare these, but they would seem to indicate pretty clearly that Prohibition has affected the relief situation.

Illegitimacy, Immorality and Poverty*

Rev. E. G. D. Freeman, M.A., B.D.

IN the matter of illegitimacy, the Social Worker is generally called upon to deal directly with three different people, the mother, the father and the child. The child presents a very complicated and difficult problem, but it is at bottom just the problem of every child. There are really no illegitimate children. Children are just children. They are here in their own right, and every one of them should get the very best possible in the way of wholesome environment and right training. There is no illegitimate childhood, but there is an illegitimate parenthood and there are illegitimate parents. The person we persist in calling the illegitimate child is just like any other child we meet in Social work and may present the problem of the defective child, the diseased child, the child that is a charge on the community at large, i.e. the dependent child, or the adopted child. If it is not inimicable to the child's best interests, we may look to the parents for complete or partial support, we may seek to have the mother responsible for its training or we may work for a separation between mother and child just as the particular circumstances warrant, but whatever our action the good of the child must be our guiding principle.

The parents as well as the child provide a problem for the Social Worker. The mother will need medical attention and probably hospital care. Provision must be made for her upkeep for some months after the birth of the child. Then she will need employment, supervision, friendship of a morally helpful kind, and assistance in the effort to rebuild life along wiser and better lines. This will mean that after all her immediate needs have been met, there will be demanded from the Social Worker who wishes to be thorough patient and long continued

*Synopsis of an Address to the School for Neighbourhood Workers.

follow-up work. The work of restoring the mother is in any case a very difficult work, and the difficulty is frequently increased, sometimes even made impossible, by the functioning of such factors as disease, neurosis, abnormal or subnormal mentality.

From the point of view of law, little can be accomplished in dealing with the father beyond making him in certain cases financially responsible for the child's keep up to his ability to pay, but in those cases where there is a continued contact between him and the Social Worker we have an opportunity to deal with him. Very often that contact is of short duration and all we can do is to seek to make him think in a more wholesome way about life. Sometimes the father is not known at all. At other times he is diseased, or subnormal, or poverty-stricken, and then we can actually bring him into touch with Social agencies.

As soon as we ask about the causes of illegitimacy, we find ourselves in the general discussion about immorality and poverty. Of the relationships between these two we all have some vague notion and perhaps some tentative theory. Of course, it is obvious that there is a tremendous sphere of immoral conduct that the Social Worker is not likely to touch in any personal or intimate way. There are scores of immoral people who are either clever enough or wealthy enough never to come within the sphere of Social Service. Then there are a good many other cases where the problem is fundamentally a matter of getting people to think rightly, to get a new set of values and a healthier attitude toward life. Cases of this kind are the most hopeful. Sometimes these cases where the big problem is a problem of moral virility need the service of medical and social agencies, and we can give such service and help materially towards a solution, but in most of the cases that Social Workers meet there are many other factors that complicate the whole problem and make it very difficult. In dozens of cases, the family history will begin with some form of immorality and take you through a history of venereal disease and illegitimacy to a resultant condition of feeblemindedness and poverty, and this resultant condition will perpetuate itself and become the prolific source of endless Social problems. Sometimes it seems as if the moral nature was deficient. Occasionally the breaking down process that in mental life goes by the name insanity is just the process that we see at work in the moral self. Financial incompetence, industrial instability, lack of self-criticism and of sound judgment, definitely subnormal mentality, venereal disease and the lack of any genuine self-mastery are some of the factors that make the problems of immorality in general and illegitimacy in particular very difficult and complex. Yet all of these factors do obtain in numberless cases, and the Social Worker practically never meets a case that is not complicated by some of them.

One concrete instance will help to make my meaning clear. A. B. was a girl of nineteen who had given birth to an illegitimate child. She was physically a well developed woman, rather good looking and attractive. When first I saw her, she was in an institution. She had been there three weeks, had had six weeks in the hospital previous to coming to the institution, was diseased, and very hard to manage. She wished to have her baby adopted and to be entirely free from any responsibility for it. Showed lack of insight, lack of self-criticism, and obvious lack of any definite plans for the future. On examination by a mental specialist, her mental age was found to be barely ten. Shortly after I saw her, she ran away from the institution, lived with four different men in as many weeks, finally left her baby on the street with a ticket on its neck which bore the name of the child's father. She was arrested, sent to the Jail Farm for six months and as far as I know is now at large. This is not a very unusual type. You say she was feebleminded. She was undoubtedly, but the startling thing is that it took those in touch with the case two months to find that out.

Now how is the Social Worker to deal with these cases as he meets them from day to day? Allow me to suggest some few practical ideas that will help.

(1) Be accurately informed about the various institutions and agencies here in the city that are prepared to deal with different types of cases. It is necessary to know what these are, where they are, what types of case they will handle, what are the conditions of admission or treatment, and who are the people in charge. In short, a knowledge of the different maternity homes and hospitals, and also a knowledge of the various infants' homes is imperative. There should also be adequate knowledge of the statutes that cover the many aspects of the problem, and some detailed knowledge of the legal processes involved. You will need information of this kind all the time, and it will pay to take time to get it.

(2) Be careful about the records you keep. It would be well worth the time of any earnest Social Worker to investigate the various forms of case record that are in use in the different institutions in the city, and after careful examination and thought to work out a system of his own. If my records are full and accurate and faithfully preserve a picture of the case and my own success or failure in dealing with it, I can make my past experience actually live and function in every new case I meet. Memory is apt to play one false, or to keep only the interesting features and perhaps to leave out some very important items. This matter is specially worth the attention of any who are working through an institution. It is possible to keep scientific records and to make your institution really serve through its records the interests of Social Service generally.

(3) Be sure you know the ear marks of feeblemindedness and also of insanity. I do not mean that you must become an expert alienist. We have an admirable clinic at the Toronto General Hospital for mental examination and diagnosis. But in view of the prevalence of mental abnormalities in the type of case we are discussing, I believe firmly that every Social Worker who wishes to be efficient ought to know something of the leading characteristics and the most generally accepted mental tests. The pronounced cases of mental abnormality are easy to detect, but it is the borderline types that are apt to be overlooked and that present the hardest problems to the Social Worker. We should know the way to look for feeblemindedness. The study of any good book on the Binet-Simon system of mental tests and a little careful observation and practice will enable you to know when to be suspicious of mental abnormality. It is a disturbing factor oftener than we know. Its presence will explain many of our failures. There is really no use in treating abnormals as you would treat normals. The more accurately you can know the condition the better chance there is of succeeding with it. There is need of emphasis here for this factor is frequently never suspected.

(4) Have a fund of corrective ideas. Sometimes we bank too much on external agencies. It is always wise to appeal to whatever reason or moral sense we can discover, and to use it to the full. The current phraseology of religion and of morality is not likely to help us, for no matter how correct are the ideas that phraseology seeks to express, the phraseology itself is a foreign language to most of us. We must express the ideas in terms of life and experience, and speak the individual's own native tongue as far as ever we can, and we have never completed our task as Social Workers until we have done our best to present in this language of experience the best life-ideals in a healthy-minded, sane and appealing way.

These four considerations I feel are worth while from the point of view of efficiency in dealing with individual cases, but there is another sort of problem beside the problem of the particular case that demands the attention of the Social Worker. Perhaps I can put it this way. We are to be not simply Social Workers, but Social Thinkers. As we deal with the definite case in all its complexity, we have to ask ourselves, what institutions do we need in addition to those we have? What about schools for the feebleminded? What improvements might be made in the statutes? What about such matters as the age of consent, the wisdom of making adultery and lewd cohabitation a criminal offence, the marriage law and medical certification of the contracting parties? Could the present legislation *re* venereal diseases be improved? How could the difficulty of enforcing the Venereal Diseases Act be overcome? What about penalizing the male prostitute? Does your experience of

the relation between low wages and immorality lead you to any conclusion that might be embodied in an Act? These are a few of the numerous questions that Social Workers ought to think about and ought to pronounce about. Part of our work is to use our central Social Service Organization both of our city and of our province and of the Dominion to let the authorities know what is the opinion of Social Workers. We are coming to represent a large section of the community. We are in close touch with social problems. We have information and ideas that the government ought to hear. Social Workers are qualified to express an intelligent opinion on many of the most difficult legislative problems, and we owe it to the government to give our advice and our help and in many matters to show the lead.

Victorian Order of Nurses

1. The Victorian Order of Nurses of the City of Toronto cared for 1,400 maternity cases and made over 35,000 visits during the year. They attended to nearly one-eighth of the maternity cases of the entire city, and Miss Hall, the lady superintendent, 281 Sherbourne St., who is anxious to increase the staff from 18 to 30 nurses, will be glad to receive letter from, and give information to qualified applicants.

2. The work of the Victorian Order of Nurses in the city of Toronto has increased to such a volume that it is decided to practically double the staff of nurses. The V.O.N. nurses are at present housed at the headquarters building, 281 Sherbourne St., but with the additional staff, the premises will have to be enlarged or new quarters found. Miss Hall, the lady superintendent, will be pleased to receive applications.

3. The Victorian Order, Toronto branch, have recently opened two new suburban districts and the nurses have been provided with automobiles, with which to make their calls, and it has been found that this has been of considerable help to them in making more visits and covering greater distances. We are given to understand that Miss Hall, 281 Sherbourne St., is anxious to add several nursing assistants to her staff.

4. The Victorian Order of Nurses of Toronto are in receipt of many letters of appreciation for their work during the influenza epidemic, and Miss Hall, the lady superintendent, is congratulating herself and feeling very grateful that none of the nurses were afflicted with the disease. Doctor Hastings, M.O.H. of the city of Toronto, writes: "I have to express to the V.O.N. our keen sense of gratitude for their valuable co-operation during the influenza epidemic in this city".

The Provincial Board of Health of Ontario

Cases and Deaths from Communicable Diseases reported by Local Boards of Health for the Month of May, 1919.

IT is most gratifying to know the deaths from Influenza and Pneumonia show a continued decrease for May. The deaths reported for the month are 355, and 76 of these occurred in some of the earlier months of the epidemic, but were not reported until the present month, which if deducted would make the actual number 279 compared with April when 478 were returned. It will be observed in the comparative table of cases and deaths, Influenza and Acute Influenzal Pneumonia caused about the same number of deaths, while Acute Primary Pneumonia caused three times as many as the two combined. Some of the Local Boards of Health reported cases of Influenza, but no cases of the other two were reported; and the deaths were chiefly reported by the undertakers.

The number of cases of Smallpox show but little variation with that of last year, with the exception of an outbreak amongst the Indians of Walpole Island, Lambton County, where some 42 cases were reported making the total 98 compared with 71 for May last year. Two deaths were reported from Harwich Township in Kent County. Scarlet Fever and Diphtheria are more prevalent in the province than in the corresponding month of last year; the latter causing 12 more deaths. The most marked decrease in any of the diseases is in Measles when only 43 cases were reported compared to 1935 for May 1918.

The Medical Officers of Health reported 20 fewer cases of Venereal Diseases than in April last.

COMPARATIVE TABLE OF COMMUNICABLE DISEASES BY LOCAL BOARDS OF HEALTH.

	1919. *May.*		1918. *May.*	
	Cases.	*Deaths.*	*Cases.*	*Deaths.*
Smallpox	98	2	71	0
Scarlet Fever	391	7	324	6
Diphtheria	264	26	193	14
Measles	34	0	1935	12

	1919. *May.*		1918. *May.*	
	Cases.	*Deaths.*	*Cases.*	*Deaths.*
Whooping Cough	46	8	251	8
Typhoid	18	6	27	4
Tuberculosis	233	188	209	124
Infantile Paralysis	0	0	6	2
Cerebro-Spinal Meningitis	12	11	13	6
Influenza	188	45	—	—
Acute Influenzal Pneumonia	—	44	—	—
Acute Primary Pneumonia	—	266	—	—
	1284	603	3029	176

(*Note.—The last three diseases were not reported last year.*)

Venereal Diseases Reported by Medical Officers of Health.

	1919. *May.* *Cases.*	1919 *April.* *Cases.*
Syphilis	98	110
Gonorrhœa	129	139
Chancroid	5	3
	232	252

Smallpox Cases for May, 1919.

The following places reported the disease:

Guelph	4
Guelph Township	1
Belleville	3
Biscotasing	10
Gowganda	6
Harwich Township	14
Walpole Island (Indians)	42
Ottawa	1
Rodney	3
Tilbury, East	1
Denbigh A. and A.	3
Port Dover	4
Rockland	2
Westmeath	2
Cobalt	2
	98

(*Note.*—The Township of Sombra, Lambton County reported 52 cases dating back to October last but not included in the cases for May.

The following biological products were supplied by the Provincial Board of Health, Ontario, during the month of May, 1919:

Smallpox Vaccine	9,110	Points
Diphtheria Antitoxin	15,693	M. Units
Diphtheria Antitoxin	954	Syringes
Anti-Meningitis Serum x 20 c.c.	109	Vials
Anti-Meningitis Serum x 20 c.c.	18	Outfits
Tetanus Antitoxin	336,000	Units
Tetanus Antitoxin	5	Syringes
Silver Nitrate Solution	161	Boxes
Pertussis Vaccine	140	Boxes
Pertussis Vaccine	22	Bottles of 10 c.c.
Pertussis Vaccine	20	Bottles of 20 c.c.
Pertussis Vaccine	40	Bottles of 25 c.c.
Typhoid and Paratyphoid Vaccine—Civic	395	c.c.
Typhoid and Paratyphoid Vaccine—Militia	16,750	c.c.

News Items

Lieut.-Col. John A. Amyot, C.M.G., has returned to Toronto after four years of service overseas. After a holiday which is to be spent in the Georgian Bay district he expects to resume his duties in the Laboratories of the Provincial Board of Health and the University of Toronto.

Dr. M. M. Seymour, Commissioner of Health for Saskatchewan, spent a few days in Toronto after his return from the Ottawa Conference, called to discuss the Venereal Disease question. Dr. Seymour has plans all prepared for the establishment of treatment centres, etc., as soon as the question of a federal subsidy is decided upon.

Dr. Heber C. Jamieson, Acting Provincial Bacteriologist of Alberta was in attendance at the meetings of the American Medical Association, held in Atlantic City during the second week in June.

A meeting of the Honorary Advisory Committee of the Connaught Antitoxin Laboratories was held in the University of Toronto on May 29th last, those present being Dr. H. E. Young, Victoria, B.C. and Dr. R. H. Mullin, Vancouver, representing British Columbia; Dr. Heber C. Jamieson, Edmonton, representing Alberta; Dr. F. C. Middleton, Regina, representing Saskatchewan; Lt.-Col. J. W. S. McCullough, Toronto, representing Ontario; Professor A. Vallée, Quebec, representing Quebec; the Honourable Dr. Wm. F. Roberts, St. John, representing New Brunswick; Dr. W. H. Hattie, Halifax, representing Nova Scotia; and Lt.-Col. H. D. Johnson, Charlottetown, representing Prince Edward Island.

Dr. J. P. Leake, Surgeon, United States Public Health Service, Washington, D.C. was a recent visitor to the Connaught Antitoxin Laboratories, University of Toronto.

A Round-Table Conference to deal with the question of Housing for business women was held in Toronto recently. A committee was appointed to wait on the Local Housing Commission to urge upon the Commission the necessity of early action. It is estimated that there are ten thousand young working women in Toronto for whom there is no adequate housing provision.

A Provincial Health Department in Eastern Canada has need of the services of a young, well-trained sanitary chemist. Anyone possessing the necessary qualifications and interested in the position will receive further information on application to the editor of this JOURNAL.

Major K. G. Mahabir, C.A.M.C., of Halifax received the Diploma of Public Health at the recent Annual Examinations of the University of Toronto.

The resignation of Lieut.-Col. H. McKelvey Bell, Director of Medical Services, Department of Soldiers' Civil Re-establishment, was announced early in June.

The Provincial Board of Health of Ontario has received an intimation from the Hon. N. W. Rowell, K.C., President of the Privy Council, that a licence is to be granted to the Board to prepare and distribute a Salvarsan substitute.

The first meeting of the Board of Directors of the Canadian National Council for Combating Venereal Diseases was held in the Board Room of Toronto General Hospital on Wednesday, June 18th.

Dr. C. K. Clarke and Dr. C. M. Hincks of the Canadian National Committee for Mental Hygiene are in Vancouver, where important surveys are at present being made.

Editorial

Financial Support of National Health Promoting Agencies

WE publish in this issue of the JOURNAL an open letter from Dr. Frederick L. Hoffman of the Prudential Assurance Company of America to Mr. Henry P. Davison of the American Red Cross Society.

This very interesting and thoughtful communication has a very direct bearing upon the question of the future activities of the Canadian Red Cross Society. As yet there has been no public statement as to the future policy of our own Red Cross organization.

The third question mentioned in the concluding paragraph of Dr. Hoffman's letter namely "That such membership (in the American Red Cross Society) would carry with it the support of approved national health promoting activities", is worthy of every consideration in Canada.

There are at present in Canada several national organizations which would qualify, if Dr. Hoffman's definition be accepted, as agencies which should receive such support. And what is almost equally important, some definite coordination of the activities of these associations might be attempted. Thoughtful people interested in public health and social service work would welcome some action on the part of the Canadian Red Cross Society looking to the calling of a conference of representatives of that Society, and the Canadian Public Health Association, the Canadian National Committee for Mental Hygiene, the Canadian National Council for Combating Venereal Disease, the Canadian Association for the Prevention of Tuberculosis and the Canadian Association for the Prevention of Blindness; to the end that some measure of cooperation may be assured and possibly some provision made for the support of these various agencies.

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The Public Health Journal

Vol. X. AUGUST, 1919 No. 8

Sanitation in War*

John W. S. McCullough, M.D., D.P.H.
Chief Officer of Health for Ontario

In every war the soldier faces two enemies; the one is the armed forces of the foe, with their terrible engines of destruction, the other the silent and in the past the far greater foe, the grim purveyor of death—disease. The history of warfare for centuries has shown that of these two enemies the one or open enemy causes much the greater mortality.

War Statistics.—According to Longmore's tables giving the statistics of war and which are based on the records of battles for the past two hundred years the usual story has been that four men have died from disease to every one from bullets. In the Russo-Turkish War, 80,000 men died from disease and 20,000 from bullets. In the Crimean campaign it is stated on eminent French authority that the Allies in six months lost 50,000 soldiers of diseases, and only 2,000 from casualties. In 1894 during the French campaign in Madagascar, of 14,000 men sent to the front, 29 were killed in action and 7,000 succumbed to disease, most of which was preventable. In the Spanish-American War in a campaign of six weeks the deaths from war casualties were 293 and those from disease 3,681, or nearly 14 to 1. In the Boer War, there were 7,154 deaths from enteric fever alone, or more than from all other casualties combined.

In comparison with the foregoing figures it is stated on the authority of the Japanese Minister of War that in the Russo-Japanese War from February, 1904, to May 1905, the total deaths from casualties and wounds were 52,946 or nearly nine per cent. of the army, while the total deaths from sickness amounted to 11,992 or only two per cent. of the forces in the field.

*Read at the Meeting of the Canadian Medical Association, Quebec, June 26th, 1919.

The Japanese Record in Sanitation.—In the war with China the Japanese losses from disease were far greater than from casualties. That the Japanese were able ten years later to completely reverse the record as between wounds and disease is said to be due: (1) "to thorough preparation and organization for war; (2) to the simpler non-irritating, easily digested ration supplied to the troops, and (3) because of the brilliant part played by the members of the medical profession in the application of the principles of sanitation and the prevention of communicable disease in the army."

For the purposes of preparation and organization the Japanese government sent her students all over the world to study the army systems in vogue. From the knowledge thus gained she developed a system of her own based upon prevention rather than treatment. The medical department was organized on broad generous lines and its representatives given the rank and power their responsibilities merited recognizing that they had to deal with a foe which previous history showed was responsible for eighty per cent. of the mortality. Japan's medical officers were graded as high as the officers of the line who combat an enemy who is responsible for only twenty per cent. of the mortality. At home she organized the most splendid system of hospitals that had ever been devised for the care of the sick and wounded, and with the army at the front she established the most elaborate and effective system of sanitation heretofore found in connection with any army. The Japanese were the first nation to adequately recognize the true value of an Army Medical Corps. Her students had studied the methods of the best medical schools of western civilization. These methods were adapted to the needs of the army. They saw that in order to make their armies effective in the field preventable diseases must be controlled. They established institutions for the study of infectious diseases, and for the manufacture of serums and vaccines necessary in the prevention of disease. They discovered the germs of lockjaw and the plague and developed a preventive treatment for these and other affections. They recognized the value of cleanliness of the body and every soldier went into action with a clean body and clean underclothing. They had learned the lesson which previous to the Boer War, Britain had failed to apply, viz: that water carries disease and should be purified by boiling. The food supplied was designed to meet climatic conditions. Wounds on the battlefield were, except in emergencies, treated only by first-aid dressings. In the Japanese Army, prevention to the smallest detail was carried out. There was the most careful supervision of rations, clothing and shelter of the units. The Japanese medical officer is omnipresent. He is with the first screen of scouts testing and labelling wells so that the army to follow shall drink no polluted water. Coming to a town there ensues a

thorough examination of its sanitary condition and if infection is found, the premises where it exists are quarantined and placed under guard. No soldiers are billeted where danger from communicable disease is found. All fever cases have the blood examined. The fruit food and vegetables for the army use are sampled. If the food is tainted, the fruit over-ripe or the water polluted, they are not allowed to be used. Obedience to the order of the M.O. is absolutely respected.

In the camps the M.O. lectures to officers and men on the details of general and personal hygiene, how to cook and to eat, when not to drink or bathe. The men are even taught how to pare and clean the fingernails. The results are seen in the figures given—*four deaths from bullets to one from disease.*

The South African War.—The Report of the Royal Commission on the South African War relating to the Medical Service gives the impression as remarked by the *British Medical Journal*, "that the system, like that of the rest of the army, was based on the supposition that the grim actualities of war would never have to be faced." One medical witness put it that "the medical service was overworked, undermanned and underorderlied." The Surgeon-General was supplied with a personnel to look after 80,000 men—not enough for even that number, but instead they had to look after 250,000 men besides camp followers, and the work was scattered over half a continent.

Sanitation in War is a broad subject. It is not merely as some seem to think, a synonym for latrines, important as these are, but it practically embraces everything involving the physical welfare of the soldier. It is because of the close attention to every detail of sanitation that the incidence of disease and the mortality of the army have been so much less in this war than in any previous one.

Sanitary Methods in C.A.M.C..—The sanitary methods followed by the Canadian Army Medical Corps were practically the same as those which were found effective by the Japanese. Competent sanitary experts were placed in charge, laboratories established, lectures instituted and all M.O.'s were required to pass an examination in sanitation.

As soon as possible following enlistment, every man was inoculated against typhoid and para-typhoid, and vaccinated against smallpox. The record of inoculation and vaccination was entered on the history sheet, and in the case of inoculation this was repeated at intervals of a year or so during the campaign. Close attention was given to the quality and quantity of food and to the sterilization of dishes and other utensils, such as drinking vessels used in common. In Canadian camps these were boiled after each meal. The canteens were closely supervised and common cups eliminated as far as possible and if any were used they were boiled after each using. In this way we think that the

occurrence of outbreaks of communicable disease, many of which are conveyed from mouth to mouth, are prevented. Provision was made for frequent and regular bathing of the men, the blankets received daily airing and there was provision for sterilization of blankets at regular and frequent intervals. Recognizing that impure water is a cause of diseases like typhoid, dysentery, cholera and other intestinal affections, the water-supplies received the most metriculous attention. All water used was sterilized by hypochlorite or by boiling and it was the duty of the sanitary officer to see that this order was obeyed.

The army sanitarian requires plenty of ingenuity. He has to beg material from ordnance and the engineers. Sometimes he will get it at once, sometimes after a long interval, and often not at all. Col. Balfour of the R.A.M.C. tells the following story:

> "A New Zealand medical unit on a certain island was in need of wood for sanitary purposes. Requisition after requisition failed. Finally the O.C. said to his Quartermaster: 'I want you to indent on Ordnance for a large supply of wood to make tombstones.' 'Tombstones,' said the Quartermaster, 'what do we want with tombstones?' 'Never mind,' was the answer, 'do as I tell you.'
>
> "Next day a cart laden with wood of all shapes and sizes, made its appearance. There was plenty of wood for the dead. There was none for the living."

This war has developed many improvements in the A.M.C. A much-needed addition is an affiliated body of expert sanitary engineers under its control to carry out minor sanitary works which are of the greatest importance.

Some Affections Controlled by Sanitation.—With respect to some of the more important affections with which it has been the duty of sanitarians to cope during the war it may be said that of those perhaps the most satisfactory results have been experienced in respect to typhoid and other forms of enteric fever. As already pointed out this disease had heretofore been the scourge of military campaigns, the well-known experience of the South African and Spanish-American wars being the latest and most typical examples of the destructiveness of this group of affections. In the absence of the protection afforded by such sanitary measures as inoculation and by the sterilization of water supplies, by the care taken of the body excretions and in the exclusion of flies, the probability is that the domestic conditions found in the various areas of war would have produced an epidemic of typhoid and para-typhoid fevers of frightful proportions in the allied armies. The precautions taken by the sanitary service sufficed, however, to reduce the mortality from these affections to a minimum.

Cerebro-spinal Fever, otherwise known as epidemic cerebro-spinal meningitis or "spotted fever", came into prominence in the early days of the war, and Canada has the doubtful honour of being popularly supposed to have transmitted the disease with its first contingent of troops to England, but as there were 272 cases with 168 deaths in England and Wales in 1912, and 304 with 163 deaths in 1913 and an equal number in 1914, it may be safely urged that the most the Canadians had to do with the incidence of the affection in England was to contribute to the existing condition. It has been claimed by the Medical Research Committee's report that while the Canadians did not import a new disease, they did introduce a virulent strain of the causative organism, and were in some degree responsible for its spread. This view, however, has been vigorously controverted by Adami who points out that the strain of meningococcus obtained from the Canadian cases were identical with those isolated from purely British cases. From the same authority I quote that there were in the C.E.F. from 1914 to 1918, 367 cases in all with 198 deaths, a mortality of 54%. In the early days of the war when medical officers were not so conversant with the symptoms of the disease, and when perhaps the crowding of barracks did not permit of such careful isolation as obtained later the mortality was higher. Later on close observation and prompt isolation of carriers as discovered by bacteriological examination proved effective and in Canada at least the mortality lessened very greatly in each succeeding year of the war. There is no doubt also the combination of a larger variety of strains contributed to increase the effectiveness of the serum used in treatment. In an outbreak in any unit the cases were promptly removed to a special ward in hospital, the contacts at once isolated and examined for carriers, and vigorous disinfectant measures used. In this way further outbreaks were effectually prevented. If the same means had been carried out in civil life, the civilian epidemics would have been much reduced and incidentally the danger to the soldier in respect to this affection materially lessened.

Tetanus or Lockjaw, which has its cause in the fouling of wounds with soil containing manure, was a disease much to be feared in countries so intensively cultivated and so heavily impregnated with stable fertilizer, as France and Belgium. The precaution of the use of iodine and first-aid dressings to all wounds, however trivial, and the prompt use of tetanus antitoxin contributed in an enormous degree to the prevention of a high rate of mortality from this affection.

Diphtheria, Scarlet Fever, Measles and Mumps are affections likely to spread among men quartered in cities and towns who inevitably mix freely with the civil population in their homes and places of amusement. The three latter are diseases often found among young men in their teens,

who have not acquired the immunity conferred by previous attacks of these diseases. The Canadian soldiers, and particularly the men of the Flying Corps, who came from all parts of Canada and from all quarters of the United States, were particularly susceptible. It was only by the most rigorous methods of isolation and quarantine particularly during the winters of 1917 and 1918 that the proportion of cases and the mortality from these affections was kept within reasonable bounds. Diphtheria is usually observed at an early stage in the army and here is seen the effective value both in treatment and cure of anti-diphtheritic serum. The effect of this remedy too was strikingly observed in cases of infection of wounds in returned men with an organism of a diphtheroid or of a true diphtheritic type. The mortality from diphtheria in the army was comparatively small.

Smallpox, thanks to vaccination, was practically an unknown factor in the Canadian Army in Canada; I personally know of but a single case.

The results of the precautions taken against lice, rats, fleas and other vermin, by means of which trench fever, typhus, relapsing fevers, and other affections are transmitted, are striking examples of the value of sanitary measures. To a Canadian M.O., Major H. Orr, O.B.E., C.A.M.C., O.C. of the Sanitary Section of a Canadian Division, is accredited the honour of developing a simple means for the destruction of lice by baking the blankets and clothing of men at a temperature of 150° F. to 160° F. this heat being sufficient to destroy both the lice and their eggs. This and the utilization of a simple hut steam sterilizer for clothes and blankets designed by Lt.-Col. Amyot, C.M.G. of the Provincial Board of Ontario, have contributed to an extraordinary degree in the comfort and sanitary welfare of our troops.

In the more easterly zones of the conflict such as in Greece and Mesopotamia, diseases such as malaria, the plague and dysentery in both forms prevail. Even here and often under the most trying circumstances the resource of the medical officer sufficed to prevent any but the mildest outbreaks of any of these affections.

Venereal Diseases.—Of venereal diseases in the army there was in the early days of the war a good deal of apprehension on the part of Canadian fathers and mothers. They were concerned as to the dangers to which their sons were exposed in England and France from venereal affections. Previous to the war no effective measures for dealing with these affections were in operation in either Canada or Great Britain, and it was found necessary to employ in the army every practical procedure which experience has proved of value. These are:

(1) Education.—By means of lectures, moving-pictures, etc., the soldier is instructed in personal hygiene, his patriotic feelings respecting the need of the nation are appealed to, he is taught that contin-

ence is compatible with health, the dangers to his family and to his future health and to others are pointed out, he is instructed as to the nature and means of infection of the various V.D. affections and their results. In all a series of five lectures were given by the M.O. to all officers, n.c.o's and men.

(2) Inspection.—There were weekly inspections of every unit, held without notice.

(3) Recreation.—Recreation such as theatres, boxing matches, and various sports were provided under supervision.

(4) Prophylaxis.—The men were instructed in preventive measures.

(5) Early Treatment.—Early treatment centres, open night and day, were provided at every Canadian orderly-room and in addition there were two in London and one in Paris. Further, similar centres for the use of Australian and New Zealand centres were open to Canadians. The men were warned that while both prophylaxis and early treatment are of great value they do not afford absolute immunity.

(6) Penalties.—Half the pay of soldiers suffering from acute venereal disease is docked while the men are on the sick list, and during convalescence they are given fatigue duty and provided with suitable sports.

Results.—The results as shown by the report of the Canadian Sanitary Officer show that in September 1916 from nearly 42,000 Canadian troops in Great Britain there were 960 venereal disease cases; during the month of September 1918 from 110,000 Canadians in Great Britain there were 750 cases. Thus it will be seen in two years the venereal admissions had been reduced 66 per cent.

Within the last year the majority of the Canadian provinces have adopted measures dealing with the venereal problem, and in the course of demobilization through the foresight of the A/D.G.M.S., no soldier is discharged until he has had sufficient treatment to practically secure that he is non-infective. Cases requiring further treatment are notified to the executive officer of the provincial health authorities, and through him the local medical officers of health are given confidential information respecting each case. It thus becomes their duty to direct the man to the nearest district centre or to a Soldiers' Civil Re-establishment for such further treatment as he may require. Since this plan has been adopted in February last there have been approximately 500 cases so instructed in the Province of Ontario.

Col. Adami very aptly remarks:

"It is not the civil population that has to fear the soldier, but the soldier the civil population. Throughout the war the soldier has been well cared for, all means have been employed to diagnose venereal

disease at its very onset, and to give hospital treatment immediately. It is then that disease is most easily controlled. Every soldier has been warned time and again of the dangers he runs, has been instructed as to personal hygiene, and has been afforded early treatment under supervision. As a result there is no section of the community which at the present time is in a cleaner and healthier state; no section of the community which has less venereal disease. I speak here for the whole body of the Imperial forces. As for our Canadian experience, I may say that this autumn the instruction was given that all soldiers returning to Canada whose medical history sheets bore the record of venereal disease should be given the Wassermann test. I have the August figures showing that two per cent. of the total number returning reacted, and all these were tertiary, non-infectious cases, for no active primary or secondary cases are permitted to return. The average number of reactions in the civil population is estimated at from eight to twelve per cent. There is four to six times as much syphilis in the civil population as in the army. But in the meantime nothing of any moment has been accomplished for the civil population. Lord Sydenham in his letter to *The Times* of January 7th speaks of the provision of early treatment centres. 'We are endeavouring,' he says, 'to secure the organization of clinics continuously available where early treatment by competent persons can be obtained.' But they are not available today. They will not at the present rate be available until demobilization—and demoralization—have become a matter of history. To meet the situation they should be scattered thickly all over the country. A man must not have to take a two hours' journey after the act; he certainly will not take it. The dearth of expert syphilologists and of bacteriologists qualified to carry out the delicate Wassermann and other complement fixation tests demands that the centres for ordinary venereal diagnosis and treatment under the Act be few and far between, situated in the great centres of population. It is thus the civil population that today constitute the grave danger."

A serious handicap to the efforts of both army and civilians in the future care of venereal disease cases particularly syphilis, is the expense of the arsphenamine compounds. In Canada the manufacture and distribution of these products are in the hands of two parties who have licences therefor under the War Measures Act. Neither of these parties has any vested right of invention or discovery but the monopoly held by them and the embargo secured by order-in-council against all foreign products keeps the price at a figure ($2.00 per dose) which is almost prohibitive to the ordinary individual and makes it difficult for boards of health or municipalities to provide as they should free and adequate treatment for all.

Nothing produced in any country should in this age be controlled by a monopoly which will enhance the price to the public. If this is true in respect to the ordinary articles of commerce, how much more important that the same principle should govern in respect to an article *necessary to the prevention and cure of one of our most serious communicable diseases.* The members of this Association will be gratified to learn that very soon the monopoly in respect to the so-called Salvarsan remedies will be a thing of the past, because after two years of persistent effort on the part of the Provincial Board of Health it has been announced that a licence for the manufacture of these products will be given to the Province of Ontario, whereupon we hope to produce the remedy at a cost within the reach of the poorest citizen of the country.

And what are the results of the sanitary precautions taken by the Canadian Medical Service?

In the present war the Canadians had about half a million men enrolled. Of these, counting from 1914 to December, 1918, according to official figures supplied by the Department of Militia and Defence, 51,853 died of wounds and but 2,815 from disease. In other words, the deaths from wounds were over eighteen times as great as those from disease.

These are astonishing figures and if they were not official could scarcely be believed when it is remembered that the deaths from disease in the South African War of eighteen years ago amounted to 65% of the total death rate. Note the comparison!—65% as against 5.14%. This record is an achievement which forms the best answer to the criticisms made of the work of the C.A.M.C. The results indicate in a remarkable manner the value of the resources of modern scientific medicine when applied under a well-organized and efficient medical administration. They form an example for civil health administration and are a rebuke to the public which fails to accept well-known sanitary measures which prevent the outbreak of epidemics and their resulting mortality.

Effects of the War on Public Health.—Since every physician in the army is *ipso facto* a health officer, it follows that much practical knowledge of sanitation has been acquired by those who have been medical officers during the war. The men themselves have seen the value of measures of prevention, such as inoculation, vaccination, the protection of water-supplies, venereal prevention, etc. It is not hoping too much to assume that the experiences of both officers and men cannot but be of great importance to the future of public health in Canada.

Personnel.—Canada sent approximately 3,000 medical men to the war. In the Canadian forces there were approximately 2,500 M.O.'s and an equal number of nursing sisters, and to the R.A.M.C. there were supplied about 450 M.O.'s and 350 nursing sisters.

It is with feelings of pride that one reads the story of the medical profession of this country in relation to the war. This record is ably told in Adami's "War Story of the C.A.M.C." It is proper that appreciation of the profession of Canada should be placed on record. No men of any class or profession in the Dominion have sacrificed so much as those physicians and surgeons who gave service overseas. Many of them by reason of age or physical condition might very well have claimed exemption and remained in the practice which has taken years and infinite self-denial to establish. Many of them were mere boys either out of college or with their college courses unfinished. Many, alas! will never return With a noble, unconscious serenity they left their homes and all that was dear to them, and in the glad spirit of youth went forth to aid in saving for their country the priceless gifts of happiness and security which they alone cannot enjoy. Among them were some of the finest types of professional life in this or any country. If we have been saved by their sacrifice the poorest return, but the only one, we can make is to keep their memories enshrined forever in our hearts, and to remember rather the valour and glory of their deeds than the tragedy of our loss. It is for us to keep the faith for which they yielded their lives.

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The Bacteriology of Swelled Canned Sardines*

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INTRODUCTION.—Under the auspices of the Biological Board of Canada, I began an investigation into the "Bacteriology of Swelled Canned Sardines" in the summer of 1916. The work was done at the Biological Station, St. Andrews, N.B., and in the laboratories at Macdonald College (McGill). An Interim Report was published by the Board in 1918[1]; and in March of the same year a short paper was presented to the Food and Drugs Section of the American Public Health Association[2].

A survey of the literature relating to the subject reveals the fact that with few exceptions, investigations into the bacteriology of canned foods have not been undertaken in connection with proved and alleged causes of food poisoning. The exceptions of which I have knowledge are "Microorganisms in the Cannery Industries" by Prescott and Underwood (1897)[3]; "Discoloration in Canned Lobsters", by MacPhail and Bruere (1897)[4]; and "A Bacteriological Study of Sardines", by Obst (1916)[5]. For some reason or other the work of Obst has never been published.

From the food poisoning point of view very valuable researches have been reported by Vaughan[6]; Savage[7], Poels, McWeeney[8] and others.

GENERAL.—It is hardly necessary to say that the sardines of New Brunswick and the State of Maine, U.S.A. are small herrings. This is not the place to enter into a detailed description of the methods of treatment, or the systems adopted in the packing of the fish, and the general procedure of the factories. The one point of which mention must be made, is the temperature to which, after packing and sealing, the cans are submitted. The most common can produced is one weighing from 3 to 4 ounces, and the temperatures given are such as are applied to cans of this size. In the majority of the factories visited at that time, the cans were immersed in baths of boiling water, after sealing, for a period of $1\frac{1}{2}$ to 2 hours. In one or two factories the sterilization consisted of heating for a shorter time under pressure at about 225° F.

MATERIAL.—Swelled canned sardines were secured first hand from many of the canneries, from a city health department in the Maritime provinces, and from various retail grocery stores. A number of apparently normal cans were also secured from various sources.

Presented to the Canadian Public Health Association, May 28th, 1919.

Methods.—As far as possible the methods adopted were in harmony with the standard methods of the American Public Health Association[9]. Amended methods however had to be devised in some instances as the work progressed, and certain special media were utilized from time to time. In the isolation of the bacteria from the cans, direct plating could not be practised on account of the oil used in the packing of the fish. After sterilizing the cans with alcohol, the procedure has been to open and remove pieces of fish to tubes of liquid media; from such tubes, subsequent to a period of incubation, plates have been prepared in the usual way.

Examination of Cans.—*Normal Cans:* Complete absence of any bulging, top and bottom quite flat or almost imperceptibly concave.

Swelled Cans: Outwardly the cans vary from a slight "bulged" appearance to a more pronounced swelling. The top and bottom are forced out as a result of the pressure, and present a decided convex surface. As the swelling becomes greater, the oil or sauce will be forced out between the soldered parts of the can, and in pronounced cases the outside surface is greasy and wet, and possibly covered with the oil or sauce. Swelled cans, when shaken, have a characteristic "rattle". When the cans are opened, gas is expelled, accompanied in advanced swellings by portions of the liquid contents. The condition of the contents varies considerably. Usually the fish are macerated, disintegrated, and soft, and are intermixed with the oil or sauce; they have lost their entity. The odour is variable—frequently it is not unpleasant, resembling to an accentuated degree the natural smell of normal sardines. In other instances a pronounced putrefactive odour is evident. It may be that the putrefactive odour is present at all times and is masked by the spices or other ingredients of the sauce. That is a point upon which I have no evidence.

Bacteriological Data.—In the Interim Report[1], the bacteriological findings are discussed in considerable detail. A brief abstract of those findings is presented herein. From the swelled cans, eight strains of gas-producing bacteria have been isolated. These eight strains have been studied morphologically, biologically and biochemically. The organisms have divided themselves into two groups: (*a*) Those which liquefy gelatine and fail to ferment lactose. (*b*) Those which ferment lactose to acid and gas, and which do not liquefy gelatine.

(*a*) The strains of this group—cultures 24 and 37, are motile, coagulate milk, grow well on artificial media, and are facultative anaerobes. The thermal death point is 60° C. for ten minutes, and the optimum temperature for growth is 37° C. Glucose, saccharose, mannite, raffinose, arabinose, xylose, salicin, glycerin, and inulin are fermented to acid and to gas. Both cultures are alkaline to the Methyl Red test, are positive

to the Voges-Proskauer reaction, and reduce nitrates to nitrites. Culture 37 produces ropiness in all the culture media and forms indol; culture 24 does not produce ropiness and does not form indol.

Cultures 24 and 37 have been classified as *B. vulgaris* (Hauser 1885), (Migula 1900)[10].

(*b*) The strains of the lactose-fermenting type, cultures 26, 32, 34, 35, 36 and 64 show considerable variation respectively in many of their characteristics. Each, however, is a facultative anaerobe and grows particularly well at 37° C. Five of the cultures are killed under laboratory conditions at 60° C. for ten minutes; the thermal death point of the remaining culture is not higher than 70° C. for ten minutes. As to their biochemical reactions, the cultures vary respectively as to the production of indol, the reduction of nitrates to nitrites, the Voges-Proskauer reaction and the Methyl Red reaction. Each of the six strains ferments to acid and gas the following carbohydrates: glucose, lactose, saccharose, mannite, arabinose and xylose. The reaction upon the remaining substances used is given in the report in tabulated form.

These six strains have been classified as typical and a-typical varieties of the *colon-aerogenes* group. (Escherich)[11].

Experimental Swelled Cans.—The next step was to attempt the experimental swelling of normal cans by inoculation with organisms already isolated. Three cultures were used; culture 37, a *B. vulgaris* type, and cultures 35 and 64, two varieties of the *colon-aerogenes* group. Normal cans have been inoculated with the three cultures respectively, a suitable number of controls receiving the same treatment minus the inoculation. In each case experimental swellings typical in every respect have been produced. The organisms subsequently isolated have been proved culturally to be identical with those used for inoculation, and the "Postulates of Koch" have been satisfied.

Subsequent Work

I returned to St. Andrews for at least two purposes: 1. to duplicate the experimental inoculations under commercial conditions; 2. to enquire into the possible sources of the causative bacteria.

1. Experimental Inoculation.—Some 200 cans were dealt with and after artificial inoculation with the strains used for the same purpose in the laboratories, the processes in vogue in the canneries were applied. The results of these inoculations are not yet available for publication.

2. Possible Sources of the Causative Bacteria.—On this phase of the work a considerable amount of data has now been accumulated.

Material Examined.—Some two hundred herrings were secured, usually first hand, from weirs, from fishing smacks, and from the canneries. The weirs included in the enquiry extended from Oak Bay in

the St. Croix river to the harbour of St. John, N.B. Inoculations were made from the intestines, and from the gills of these herrings. Samples were also taken of (*a*) water from the inside of various weirs; (*b*) mud from weirs at low tide; (*c*) water at low tide as used for pickle in the canneries; (*d*) seawater as run into cannery just before entering pickle tank; and (*e*) sea water dipped out of pickle tank one-half hour after the herrings had been put in.

Bacteriological Data.—This part of the investigation has been conducted partly on the Atlantic Coast from the Biological Station, St. Andrews, N.B., as the centre, and partly in the laboratories at Macdonald College (McGill), and the University of British Columbia respectively.

A paper by Sadler, Mounce, and Shanley[12] has been presented to the Royal Society of Canada at the May Meetings, 1919. In this paper we have detailed our cultural studies, and while the report of such is available therein, I will here give our results in brief.

The presence of gas-producing bacteria has been demonstrated in some or all of the material from each of the sources enumerated above. Ten strains of these bacteria have been studied in detail. These ten strains divide themselves clearly into three main groups:

I. Those which liquefy gelatine, but fail to ferment lactose to gas.

II. Those which do not liquefy gelatine, but which ferment lactose to acid and gas.

III. Those which do not liquefy gelatine, do not ferment lactose to acid and gas, but which produce acid and gas in glucose.

Based on their reactions in laboratory media, we have classified the organisms as follows:—[10], [13], [14].

GROUP I.—*Cultures 1, 5, and 22*, as types of *B. vulgaris.* (Hauser, 1885). (Migula, 1900).

GROUP II.—*Culture 2* as of type *B. acidi-lactici.* (Hueppe).
Cultures 9 and 15 as of the type *B. ærogenes* (Escherich).
Culture 17 as of the type *B. coli* (Escherich).
Culture 18 as of the type *B. communior* (Durham).

GROUP III.—*Cultures 8 and 24* as of the *Para-Gaertner* group (Savage).

Experimental Swelled Cans.—Up to the present, Cultures 5, 17 and 18 respectively of this series have been used for the purpose of inoculating normal cans of sardines. Typical swellings have been produced, the organisms have been recovered and the "Postulates of Koch" have been satisfied.

Other Observations.—In our paper[12] we make special mention of the reaction of certain of the strains of Methyl Red, and we have found it possible to make certain comparisons of the organisms of this latter series with the strains reported upon in the Interim Report[1].

Acknowledgments.—I desire to thank the Biological Board of Canada for permission to publish this paper. To Dr. F. C. Harrison of Macdonald College (McGill), and to the University of British Columbia respectively, I record my appreciation of the laboratory facilities of which it has been possible to take advantage.

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Diphtheric Wound Infections

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IN an article in the Journal of the Americal Medical Association, September 8th, 1917, we described an outbreak of wound diphtheria. This communication which is one of the few articles in the literature dealing with the question of *Epidemics*, of wound diphtheria, stimulated interest in the subject, and led to the publication of the results of several investigations notably those of Janes & Thomas[2]; and that of Adami and his collaborators[3]. Levy[4] has reviewed the literature in detail and reported several cases.

We were able to investigate carefully a considerable number of cases of diphtheric wound infections in the spring of 1917, as reported in our paper, and carried out, virulence tests and protection experiments on several of the strains of B. diphtheriæ isolated at that time. No endeavour was made by us to determine the virulence of every strain isolated nor was any attempt made to ascertain precisely the proportion of wound infections which were due to B. diphtheriæ in all of the cases studied. We contented ourselves with pointing out (1) that we had observed an epidemic outbreak of wound diphtheria; (2) that "it was extremely probable that patients with diphtheric wound infections were being returned to Canada from overseas"; (3) we suggested that a routine bacteriological examination of all suppurating wounds, be made in order that wound infections due to B. diphtheriæ might be discovered and appropriately dealt with; (4) finally, we recommended that diphtheria antitoxin be used in the general treatment of the condition, in addition to any local treatment which might be tried.

Sufficient time has now elapsed, and the expansion of literature dealing with this subject has been such, that a brief summary of the present situation is probably desirable. Adami and his co-workers in their paper reported that in an investigation of 306 cases of infection of open wounds they found only two which were caused by B. diphtheriæ, and were therefore led to the conclusion that: "there is a large body of evidence showing that even isolated cases of diphtheriæ infection of wounds are distinctly uncommon among the wounded overseas and complete absence of any evidence in Great Britain that these isolated

cases have acted as foci for the spread of infection to other wounded men. No evidence of a widespread infection of open wounds by diphtheria bacilli has been discovered in Canadian hospitals overseas in Great Britain."

We were not in a position to comment on the above nor indeed were we able to furnish conclusive evidence in our first communication as to the source of some of the diphtheric wound infections seen by us, that we observed an epidemic of diphtheric wound infections in military hospitals in Toronto during the spring of 1917, has been definitely established and is one of the very few reports of actual epidemic outbreaks of this condition, which has appeared in the literature. No evidence was brought forward by Adami to controvert our observations in regard to this outbreak.

The conclusion expressed in the paragraph quoted above, however, was very definitely opposed to the view that diphtheric wound infections contracted in England were being seen in men returned to Canada. It should be mentioned that the wounds observed by us were very largely in men who were returned to Canada from special military orthopædic hospitals in the United Kingdom.

Complete confirmation of the opinion expressed by Fitzgerald and Robertson has just been furnished by Janes and Thomas[2] in the paper mentioned above. These observers working as pathologists to the Granville Canadian Special Hospital, Buxton, England, have found that: "From those cases in which pure cultures were obtained 6.4% of open wounds in this hospital show infection with bacillus diphtheriæ". We may safely infer therefore that the conclusions here arrived at, entirely substantiate the inferences drawn by us as a result of our original observations.

Our recommendation that the routine swabbing of all long-continued suppurating wounds should be undertaken, has been strongly endorsed by Levy in his paper. That these cases are still being observed has recently been reported by Fraser[5] in Toronto. With routine swabbing of suppurating open wounds the danger of an epidemic of diphtheric wound infection is practically eliminated. That secondary cases of nose and throat diphtheria may arise from cases of diptheric wound infections has just been reported by Hartsell and Morris[6]. They describe an outbreak of throat diphtheria which occurred in a military base hospital in France. Infection remained a mystery until cases of wound diphtheria were discovered and with the establishment of strict quarantine and the adoption of most careful wound technic, the outbreak was brought under control.

We would again recommend therefore, that both in civil and military hospitals, a careful bacteriological examination be made of all suppurat-

ing open wounds. We have pointed out, and Janes and Thomas, also Hartsell and Morris, have expressed similar opinions, that clinically the diagnosis between diphtheroid or other aerobic and true diphtheric wound infections cannot be made. It is necessary therefore if the diagnosis of wound diphtheria is to be definitely established, that a careful bacteriological examination be undertaken which will include virulence tests and protection experiments. In this we are more rigid in our requirements than Adami and his associates, as expressed in paragraph three of their conclusions.

It may not be feasible to undertake virulence and protection experiments in every case, especially early in an epidemic outbreak, but the true character of the infecting micro-organism, should be definitely determined in at least a few cases at first, and if the outbreak is not almost at once controlled routine virulence and protection tests made. This was the method of procedure adopted by us in our work done in the spring of 1917 in military hospitals in M.D. No. 2, Toronto.

We would emphasize in conclusion that while an enormous amount of military laboratory work was occasioned by the publication of our first report, still we feel that any measures which are designed to lessen the convalescent period of wounded Canadian soldiers and facilitate their civil re-establishment were more than justified, and such was the motive that prompted the publication of our first communication.

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Mental Deficiency from the Preventive Aspect*

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I.—CAUSES.

It may be taken as an axiom that if we want to prevent we must know causes. When we consider them the conditions which actually cause mental deficiency in infants the following list will be found to be a fairly complete one:—

Syphilis.

Alcoholism (especially paternal).

Meningitis (inflammation of lining membrane of brain and spinal cord).

Polio-encephalitis (inflammation of substance of brain and spinal cord).

Cerebral or cerebro-spinal palsies.

Physical shock to mother.

Toxæmia (blood poisoning from various causes) in pregnant mother.

Eclamptic or epileptic convulsions.

Traumatism (injury).

Asphyxia at birth.

Amaurosis (partial or total blindness without obvious lesion of eye).

Defective nutrition of pregnant or nursing mother or of infant.

Prolonged or instrumental labour (a somewhat doubtful cause *per se*).

Acute infections leading to toxæmia, meningitis, palsy, etc.

Consanguinity (query?).

Place in family (first children for all types of mental deficiency, last children for Mongolism alone).

Considerable disparity in ages of parents (query)?

The causes of mental deficiency are thus seen to be physical, psychical and social. It is with the physical that I am mainly concerned for this part of my subject and I propose to consider some of these conditions in detail. Take the case of microcephaly which produces both imbeciles and idiots. It is probable that the microcephalic brain, with its frequent associate micromyelia (imperfectly developed spinal cord), is the result of some toxic or morbid process in early foetal life or some disturbance of nutrition; the brain continues to present an immature foetal appearance

* Paper read at conference of Western Counties Branch, Central Association for Care of Mental Defectives. Reprinted from *The Medical Officer*, June 7th and 14th, 1919.

in its convolutions throughout life, even though it may grow to the size and weight of a normal adult brain.

Again, take what is known as lobal sclerosis—a condition which may be popularly described as an overgrowth of the padding material (neurogila) strangling like a weed the growth of the cells, fibres, and ganglia of the brain. This condition is due to the results of an inflammation or congestion or hæmorrhage due most probably to some defective process occurring during infancy. Porencephaly again (the formation of breaches, channels, clefts or hollows in the brain substance) is due to morbid processes during foetal life as well as to injuries or inflammatory diseases after birth; similar conditions can be induced in young animals experimentally. There are indications that this condition begins usually between the fifth and eighth months of intrauterine life.

Hydrocephaly (collection of fluid in or external to the brain substance) is often due to antenatal diseases continuing for some time after birth as well as to what is known as serous meningitis following on acute meningitis commencing in very early life. External hydrocephyal is usually tuberculous.

Acute anterior poliomyelitis (commonly known as infantile paralysis) and certain forms of post-natal encyphalitis (inflammation of brain substance) are undoubtedly infectious. They are unfortunately so insidious in their onset that their early stages may be unnoticed and they may lead to paralysis or idiocy or both.

Barron, writing in the American *Journal of Medical Science*, a few weeks ago, points out that meningitis (inflammation of the covering of the brain) occurring in infants at a very early age (under 5 months) is caused very largely by a micro-organism known as bacillus coli communis; the paths of infection have not yet been clearly established, but infection through the mouth by dirty fingers, playthings, dummy teats, bath water, etc., is to be regarded as more than potential. Holt had previously shown that the tubercle bacillus is responsible for from 55 to 70 per cent. of cases of meningitis at later ages in infants and young children. Breast-fed infants show a greater resistance towards both kinds of infection than bottle-fed.

2.—Early Signs.

I have alluded to the causative factors of mental deficiency for one reason in particular, and that is to show how vitally important a well-planned and thoroughly executed maternity and child welfare scheme, and particularly ante-natal work, can be in the prevention of mental deficiency, and how important it is that our workers (medical officers of clinic, health visitors, etc.), should be thoroughly acquainted with the very earliest signs of mental deficiency. One looks in vain through books

on maternity and child welfare for information on this point, but you will find the subject fully set out, for instance, in the following books:— Shuttleworth and Potts' "Mentally Deficient Children" (H. K. Lewis); Forsyth's "Children in Health and Disease" (John Murray); Hutchison's "Lectures on Diseases of Children" (Arnold—well illustrated); Still's "Common Disorders and Diseases of Children" (Oxford Medical Publications).

There are three reasons why special care should be taken to prevent disease or injury to the foetal or infantile brain.

(1) "The lesion affects the brain at a special and delicate phase of development to which there is nothing comparable in adult life. In the infantile brain many of the nerve cells are not yet myelinated and comparatively few of the nerve cells have reached structural perfection," or putting it very simply the nerve cells are immature and growing; they have got their insulating material formed, but the conducting wires have not yet developed and been coupled up with other nerve cells and fibres.

(2) "Infective toxic and traumatic lesions . . . . provoke reactions in the young and vigorous neuroglia (padding material) which is in the full activity of natural proliferation and which exercises its defensive functions much more powerfully and extensively than the neuroglia of the adult. In the adult the power of the neuroglia to proliferate becomes dormant and it is aroused only by the stimulus of pathological processes and with moderate intensity; in the young neuroglia the normal rate of growth is going on and consequently reactive proliferation is excited to an extreme degree." (Tanzi, "Text Book of Mental Diseases.")

(3) Nerve cells and fibres which are in process of growth if put under conditions likely to check their development are prevented from coupling themselves up with other centres and sub-centres of the brain and some of the centres and sub-centres remain as isolated and useless detachments because their lines of communication with the main centres have never been established.

The physician is surely the one to whom we should look for the earliest recognition of mental defect; but, as has been so ably pointed out recently by Sir George Newman, his education as a student has not been sufficiently concentrated on "the beginnings of disease." A medical student who has passed his final examination with honours could probably not say at what age a baby should be able to sit up without support or to distinguish a stranger from its father or mother, or be able to walk or talk, what movements of the limbs are natural and what unnatural and so forth. A mongol should be readily recognized by any practitioner familiarized with its characteristic appearance when a few days old, and most other conditions of mental deficiency should be diagnosed before

the age of 18 months. Here then is an obvious and easy accessory to preventive treatment.

3.—Heredity.

One definite conclusion of the Royal Commission on the Feeble-minded was "that both on the grounds of fact and of theory there is the highest probability that feeble-mindedness . . . tends strongly to be inherited." This gives us the key to our preventive problem.

Let us then consider first the case from the point of view of heredity.

As regards the influence of heredity Professor Tanzi says that if you follow out logically the pathological causation of imbecility and idiocy and write down the various conditions known to be at the root of the evil you will lop off so many branches from the trunk of the tree of heredity that the branches will form a clinical mass larger than the stem or trunk which is left, and he appeals to observers to cease to attribute to morbid heredity all the diseases of which they do not know the cause. This is not, however, the view taken by all, and it is certainly not an encouraging view from the preventive standpoint.

Writing in 1914 Dr. Tredgold said that "the average number of births to a marriage in England and Wales was 4.63, whilst the average number in markedly psychopathic families was 7.5," and, he remarked, "the disproportion obtaining between the birth-rate of the "fit" and the unfit has now become a problem of most serious significance to the nation." (Mental Deficiency.)

As regards the children of these marriages, you may be acquainted with Dr. Tredgold's special investigation in 1900 in Somersetshire. He found that taking 150 married aments 1,269 children were born, and of these children 456 were said to be mentally and bodily sound, 170 born dead, 315 had died at varying ages (largely in infancy), and of the remainder, 245 were mentally affected and 83 were diseased, paupers or criminals. (Loc. cit.) Add to this the notorious number of illegitimate infants passing annually through our workhouses and those leading lives of prostitution, and the case for prohibition of marriage in this class becomes overwhelming. There was a clause in the draft Mental Deficiency Bill enabling the detention in institutions of those in whose case it was desirable that they should be deprived of the opportunity of precreating children. There was also a clause prohibiting the intermarriage or attempt at the marriage of any defective within the meaning of the Act. Both of these provisions were struck out of the Bill during its highly obstructed progress through the Commons, and the prime causes of the perpetuation of this social taint were left untouched.

Surely it is a profanity of the marriage Sacrament when one or other of the persons concerned is in a mental state requiring "care, supervision

and control for their own protection and for the protection of others," or displaying (in the case of the moral imbecile) "some permanent mental defect coupled with strong vicious or criminal propensities."

The rock on which both these clauses split was, of course, the obsolete one interference with individual liberty. The war has blasted away great fragments of this rock, but when "D.O.R.A." has become a thing of the past we will find enough of the rock still there to give a foothold to a good many pedants and obstructionists. There is already a mild agitation in the country for an amending or supplementary Act to revive these two clauses, and I think a systematic campaign should be organized at once for the purpose.

4.—Sterilization.

If legislation were based on biological consideration alone there is no doubt that the sterilization or segregation of the mentally defective would be made compulsory very soon.

In the State of New York a board of examiners was created in 1912 with power to sterilize by operative means feeble-minded criminals and other defectives. The board examined about 200 persons and scheduled them as proper subjects for operation. Money to the extent of £3,200 was appropriated for the purpose by the Legislative, but the Supreme Court has now declared that the law enabling sterilization is unconstitutional, no State having the right under the Federal Constitution to deny to any individual equal rights under the law. There may be an appeal to a higher Court for a final ruling on the point. In other words a mentally defective person is regarded as one with legal rights equal to a normal person. This seems to me personally an illogical position to take because the mentally defective person can claim exemption from most penalties of the law by reason of his mental defect.

5.—Segregation.

Segregation may be enforced (under the Board of Control circular of February, 1918, defining urgent cases) in the following cases:—

(1) Women in receipt of Poor Law relief at the time of giving birth to an illegitimate child or when pregnant of such child: "The urgency is increased if they have venereal disease "

(2) Moral imbeciles suffering from venereal disease.

(*a*) Found guilty of a criminal offence;

(*b*) Imprisoned or detained by order of Court, etc., *or*

(*c*) In receipt of Poor Law relief when giving birth to an illegitimate child, etc.

(3) Young women at large or about to leave institutions and having no homes or bad homes, etc.

(4) Youths who are a source of local corruption.

One would like to know how many local authorities have reminded those concerned (Poor Law guardians, officers of the court, police officials, rescue homes, etc.) of these special provisions and have offered to take action in the cases covered by them. The money available for the care of such cases is, I think, not being taken up as it should be, and we shall be very heavily fined for our neglect in years to come. I doubt, too, if every local authority has done or is doing everything possible to complete their census of the mentally defective and in particular to sift and grade the mentally defectives in Poor Law institutions, asylums, reformatories, rescue homes, and other State or charitable institutions. This surely is one of the initial steps in a preventive campaign.

6.—Better Opportunities for Study.

Our study of the various types of mental defectives should be pursued under better conditions than at present in the case of persons not having institutional care. There should be a psychiatric clinic in every large town properly equipped for the diagnosis and grading of defectives and particularly for the study of borderland cases. Defectives under supervision or guardianship should at least be encouraged to come to such clinics at regular and frequent intervals, much as consumptives now attend our tuberculosis dispensaries. The physician in charge should keep careful records on systematic forms and should enquire closely into the character of the supervision and training of the defectives so that a national record will eventually be available, not merely of numbers, but of progress under varying schemes. Experience and statistics are the foundation of legislation and we can only secure the best legislation by making sure of the best experience and statistics. In connection with all such clinics experimental work should be encouraged, teachers and social workers should be privileged to attend, and grants from the Board of Control should be available towards expenditure in this connection. In connection with all such clinics there should be skilled social workers who can aid the physician by getting the histories of the defectives and who can enquire into what we may call "contact cases," *i.e.*, members of the same family, and especially the younger members, so that the condition may come under control at the earliest possible moment.

The social worker has a responsible work in front of him, for it would be his aim to secure a better adjustment between the defective and his environment. Herbert Spencer said that life was a series of adjustments of inner relations to outer relations, and if we believe this, then we must educate the defectives so as to improve their capacity for adjustment. The problems facing the social worker are difficult ones, and this makes

it all the more necessary that before entering on work with mentally defectives adequate training should be secured.

7.—Mental Hygiene.

Mental hygiene is, or ought to be, of just as much consequence as general hygiene. When we find a child with hereditary tendency towards tuberculosis he receives special physical care so that the onset of the disease may be checked. But do we extend the same care towards a child with a psychopathic heredity? Not in the lower walks of life, I think. We ought to do so, however, and so long as we do not we are failing in one of the first duties in the preventive programme.

We should probably get earlier on to the track of the mentally defective school child if teachers were instructed to report to the school medical officer for further investigation such cases as repeated truancy, stuttering or other speech defects, "tics," incorrigibility, repeated fits of temper, destructiveness, abnormal mischievousness, and other pathological behaviour.

The establishment of special classes and of special schools for the mentally defective has, of course, been largely hindered by the war, but in a war which has lasted so long as this one and which has knocked so many things off their bearings, we shall have to take great care that the dust is not allowed to linger too long on those things which have had to be shelved away; there is a great danger that they will have been put on one side for so long that they will be forgotten.

And I should like to remark by way of parenthesis here that the education of the backward and of the feebleminded should not be an attempt to fill up with information, but a formation of habits—correction or elimination of bad ones and training in good ones. If we can attain this in the young the social problems of later life will at least be simplified. And the education must be individualized and not prescribed by rule of thumb.

8.—Compulsory Notification.

Another step which might be taken in the preventive campaign is the compulsory notification by medical practitioners of cases of mental deficiency living under such circumstances as to call for action by the local authority under the Mental Deficiency Act, 1913 (*e.g.*, cases which are neglected, abandoned, ill-treated and so forth), with the payment of a fee to the practitioner concerned for such notification. This would not only be of great assistance to all local authorities but would act as stimulus to many which are now lethargic. If in addition it were made the duty of each local authority to furnish a copy of all notifications so received by them to the Board of Control that Board could then call on

the local authority for a report on the circumstances of the case and for a statement of the action taken by them; a very useful piece of administrative machinery would then be set in action.

I have considered the question whether or not any such scheme of compulsory notification could be usefully applied in the case of persons other than medical practitioners, but I do not see that one could safely extend the proposal at present. Those most likely to come into contact with mentally deficient persons are relieving officers, school teachers, health visitors, school nurses, probation officers, police, officers in charge of reformatories, midwives, and so on. These persons already have a medical officer to whom they can appeal and on whom they can place the responsibility, and I think they should prefer themselves not to shoulder the responsibility. Social workers, unless specially trained, might make mistakes which would react unfavourably on their utility in the sphere which they have chosen. Other persons who have to deal with the mentally defective such as special school teachers and care officers need not be included because the duty has already been performed for them.

I think there is a probability that we shall see a slight increase in the numbers of the mentally deficient before long owing to the influences of strain and mental shock on the war-time mothers. Maternity and child welfare schemes cannot I fear do very much to lessen this however much and however sympathetically our workers get into the homes and the hearts of their protégés. But we can prepare to tackle the problem in case it should arise.

Summary.

The points on which I wish to lay special stress are briefly as under:—

1. The importance, from the point of view of mental hygiene, of maternity and child welfare work, and particularly of ante-natal work.

2. The education of the physician, the health visitor and school teacher, the social worker, and all others likely to come in contact with very young children in the beginnings of mental deficiency.

3. The special care, from the earliest possible age, of the child with a bad mental tendency.

4. The continuation of an advocacy for the prevention of the perpetuation of the mentally unfit.

5. Increased activity in the segregation of the special cases of mental defect.

6. The establishment of psychiatric clinics.

7. The compulsory notification of cases of mental deficiency coming within section 2 of the Act of 1913.

A Conference on Social Hygiene

ON May 29th and 30th a most important conference was held in Ottawa for the purpose of devising ways and means for combating venereal diseases in Canada. The conference met at the call of the Acting Premier, Sir Thomas White and the members present represented practically all parts of Canada. The Y.M.C.A., Y.W.C.A., Red Cross, Knights of Columbus, Salvation Army and other national agencies sent delegates and the various provincial health departments were strongly represented. A feature of interest was the presence of Major Jason S. Joy, Director of the American Training Camp Activities Commission and Capt. L. G. Mook, Director of the Law Enforcement Division of the Commission. These gentlemen, representing the United States War Department were able to give the conference valuable information as to the Social Hygiene Programme inaugurated by the United States Government during the war.

The conference was opened by His Excellency the Governor-General, who extended a welcome to the delegates on behalf of the Dominion Government and took the opportunity of informing them of the sympathy of the Government in the object of the conference. The meeting was then addressed by the Hon. W. N. Rowell, President of the Privy Council who outlined the circumstances under which the conference had been called. Mr. Rowell referred to the gravity of the situation as regards the widespread incidence of venereal diseases in Canada among civilians, and also to the fact that attention had been drawn to this condition of affairs by investigations undertaken by the military authorities. A previous conference of health officers called in February at the instance of the military authorities had recommended that this large conference be called to discuss a comprehensive scheme for dealing with the situation. The chair was then taken by General Fotheringham and the business of the conference proceeded.

During the first day most of the time was taken up by a series of addresses by various authorities. During the morning, Rev. Herbert Symonds, Chairman of the Committee of Sixteen of Montreal, spoke on the subject of "The Civilian Aspects of the Venereal Disease Problem," while Captain Gordon Bates, Secretary of the Advisory Committee on Venereal Diseases for No. 2 Military District, spoke on "The Army and Venereal Disease."

These addresses dealt with the medical, social and legal aspects of the subject and were calculated to summarize the problem for the benefit

of the conference. During the afternoon further addresses were given by General Fotheringham, Director General of Medical Services, Lieut.-Col. J. W. S. McCullough, Chief Officer of Health for Ontario, Major Jason S. Joy and Captain J. G. Mook of the Training Camp Activities Commission.

Following these addresses a resolution was passed by the Conference calling the attention of the Dominion Government to the necessity for provincial subsidies for fighting venereal diseases and to the great desirability of the removal of all restrictions on the importation, manufacture and sale of all products used in the treatment of syphilis.

The conference then broke up into three committees, on the formation of a National Council for Combating Venereal Diseases, on the Coordination of Social Agencies, and on Federal and Provincial Cooperation. The remaining portion of the first and second days was taken up by the meetings of these committees. During the morning of the second day Sir Robert Borden who had just returned from England, addressed the conference briefly, and later an adjournment was made in order that the members might take the opportunity of viewing "The End of the Road", one of the official United States Government films depicting various aspects of the venereal disease question.

A number of recommendations were made to the Government by the conference in regard to various measures which may be undertaken to combat venereal diseases in Canada and it is anticipated that with the organization of the Federal Department of Health many of the resolutions will be put into effect. One important immediate result of the conference was the formation on the spot of a Canadian National Council for Combating Venereal Diseases. The constitution of this new organization appears elsewhere in the JOURNAL. The officers are as follows:—

President: Chief Justice Riddell, Toronto.

Vice-Presidents: Dr. J. Halpenny, Winnipeg; Mr. W. E. MacClellan, Halifax; Lt.-Col. J. W. S. McCullough, Toronto; Hon. Dr. Wm. F. Roberts, St. John, N.B.; Mrs. Judge Murphy, Edmonton; Dr. M. M. Seymour, Regina; Rev. Dr. H. Symonds, Montreal; Principal Vance, Vancouver.

Treasurer: Mrs. A. M. Huestis, Toronto.

General Secretary: Capt. Gordon Bates, Toronto.

Members of Board: Dr. J. D. Pagé, Quebec; Rev. Dr. J. G. Shearer, Toronto; Mrs. L. A. Hamilton, Toronto; Dr. C. K. Clarke, Toronto; Major H. K. Haywood, Montreal; Dr. O. C. J. Withrow, Toronto; Miss Jean Gunn, Toronto; Dr. Peter Bryce, Ottawa; Major J. G. Fitzgerald, Toronto

The following are the names of those attending the conference:

Mrs. A. M. Huestis, Toronto, Advisory Committee, M.D. No. 2.

Mrs. L. A. Hamilton, Toronto; Convenor Women's Activities Committee, Advisory Committee on Venereal Diesases, M.D. No. 2.

Miss Ethel Lovell, proxy for Lady Falconer, Dominion Council, Y.W.C.A.

Miss Ella Grant, Canadian National Association, Trained Nurses.

Mr. T. H. Wills, Hamilton, Hon. Sectary Hamilton Branch Advisory Committee on Venereal Diseases.

Dr. Helen MacMurchy, Inspector of the Feeble-minded, Ontario.

Mr. L. M. Wood, Canadian National Institute for the Blind, Toronto.

Dr. E. J. Mullally, Knights of Columbus Army Huts, Montreal.

Dr. F. Montizambert, Director-General of Public Health, Sanitary Advisor of the Dominion Government.

Mrs. J. E. Smillie, Convener Public Health Committee, National Council of Women.

Miss Helen R. Y. Reid, Canadian Patriotic Fund, Montreal.

Dr. Douglas D. Storms, Venereal Diseases Committee, Hamilton.

Lieut.-Col. Gideon Miller, Salvation Army, Toronto.

Col. J. McMillan, Chief Secretary, Salvation Army, Toronto.

Rev. Herbert Symonds, Chairman, Committee of Sixteen, Montreal.

Dr. Edmund E. King, President, Academy of Medicine, Toronto.

Dr. J. A. Hutchinson, President, Public Health Association, Westmount, P.Q.

Dr. J. G. Fitzgerald, Advisory Committee on Venereal Diseases, Toronto.

Dr. P. H. Bryce, Chief Medical Officer, Dept. of Immigration, Ottawa.

Surgeon-General G. Stirling Ryerson, Canadian Red Cross Society.

Dr. C. K. Clarke, Canadian National Committee for Mental Hygiene, Toronto.

Col. I. H. Cameron, C.A.M.C., Toronto and Ottawa.

Dr. H. B. Small, Canadian Medical Association, Ottawa.

Dr. Chas. A. Hodgetts, Medical Adviser, Comm. of Conservation, Ottawa.

Dr. J. D. Pagé, Chief Medical Officer, Port of Quebec.

Mr. C. W. Cavers, Ottawa.

Mrs. J. C. Hanington, Victorian Order of Nurses.

Dr. M. M. Seymour, Commissioner of Health, Saskatchewan.

Dr. Thomas Gibson, President, Victorian Order of Nurses.

Lt.-Col. D. A. Clark, A.D.M.S., Militia Dept., Ottawa.

Mr. Owen Dawson, Secretary, Committee of Sixteen, Montreal.

Dr. A. K. Dawson, Secretary, Committee of Sixteen, Montreal.

Dr. A. K. Haywood, Montreal, General Hospital, Montreal.

Mr. J. Bradford, Y.M.C.A. and Committee of Sixteen, Montreal.

Dr. Wm. Hutchinson, Dept. of Soldiers' Civil Re-establishment.

Dr. G. B. Melvin, Chief Medical Officer of New Brunswick.

Hon. Dr. W. F. Roberts, Minister of Health, New Brunswick.

Dr. Art. Simard, President, Superior Board of Health, Province of Quebec.

Dr. A. H. Desloges, General Medical Superintendent, Insane Hospital of the Province of Quebec.

Dr. J. G. Shearer, General Secretary, The Social Service Council of Canada.

Dr. W. H. Hattie, Provincial Health Officer, Nova Scotia.

Dr. Heber C. Jamieson, Alberta Department of Health, Edmonton.

Major A. J. Lasier, Chatham, N.B.

Mr. D. B. Harkness, General Secretary, Social Service Council of Manitoba.

Rev. W. H. Vance, Vancouver, B.C.

Mr. Fred J. Smith, National Council, Y.M.C.A., Toronto.

Dr. O. C. J. Withrow, Secretary, Dept. of Sex Education, National Council of Y.M.C.A., Toronto.

Mrs. J. S. Robson, Chairman, Women's Dept., Repatriation Committee, Ottawa.

Mrs. L. Kniel, Factories Inspector, Alberta.

Mr. A. E. S. Smythe, Chairman, Advisory Committee on Venereal Diseases, M.D. No. 2.

Dr. L. G. Mook, Capt., Sanitation Corps, U.S.A.; representing Commission on Training Camp Activities.

Major J. S. Joy, F.A., U.S.A.; representing Secretary of War, U.S.A.

Dr. H. E. Young, Provincial Board of Health, British Columbia.

Col. J. W. S. McCullough, Chief Officer of Health, Ontario.

Major-General J. T. Fotheringham, D.G.M.S., Ottawa.

Capt. Gordon Bates, Advisory Committee on Venereal Diseases, M.D. No. 2, Toronto.

Constitution of the Canadian National Council for Combating Venereal Diseases

1. NAME.

The name of this organization shall be The Canadian National Council for Combating Venereal Diseases.

2. AIMS AND OBJECTS.

(1) To combat Venereal Diseases by whatever means seem desirable.

(2) To encourage and assist the dissemination of a sound knowledge of the physiological and moral laws of life in order to raise the standard both of health and conduct.

(3) To co-operate with existing associations, to seek their approval and support, and to give advice when desired in order to provide the constituent social measures which are basic in the solution of this problem.

(4) To promote such legislative, social and administrative reforms as are relevant to the foregoing aims and objects.

(5) To provide accurate and enlightened information as to the prevalence of these diseases, and as to the necessity for early treatment.

(6) To promote the provision of greater facilities for their treatment.

(7) To increase the opportunities of medical students, practitioners, and trained nurses for the study of these diseases.

(8) Inasmuch as the conference at which the decision to organize this Council was made was called by the Government of Canada, this Council shall hold itself ready to render such service and assistance to the Government as it may from time to time require.

3. MEMBERSHIP.

The Council shall be composed of two classes of members, (1) Organizations, (2) Individuals.

(1) Organizations. The following classes of organizations may be received into membership in the Council as hereinafter provided.

(*a*) Any orgainzation in Canada which is or is intended to be Dominion-wide in its activities. Such organization shall pay a fee of not less than $40.00 per annum during the period of such membership.

(*b*) Any organization the scope of which covers or is intended to cover the area of any province of Canada. Such organization shall pay a fee of not less than $20.00 per annum.

(*c*) Any organization in any local community in Canada the objects of which include any of the objects of this Council. Such organization shall pay a fee of not less than $5.00 per annum.

(2) Individuals. Any individual in sympathy with the aims and objects of this Council, and who is of the age of 21 years may as hereinafter provided, be elected to any of the following classes of membership.

(*a*) Founders. Any person who shall during any financial year of the Council contribute a sum of not less than $500.00 toward the funds of the Council may be enrolled as a founder of the Council.

(*b*) Life Members. Any person who shall during any financial year of the Council contribute a sum of not less than $100.00 toward the funds of the Council may be enrolled as a life member of the Council.

(*c*) Sustaining Members. A sustaining member shall pay a fee of not less than $25.00 per annum, during the period of such membership.

(*d*) Active Members. An active member shall pay a fee of not less than $5.00 per annum, during the period of membership.

(*e*) Associate Member. An associate member shall pay a fee of not less than $1.00 per year. Associate members shall be entitled to receive bulletins and reports printed and issued by the Council.

4. Application for Membership.

Any organization or individual desiring to be enrolled as a member of this Council shall make application to the Board of Directors for such enrollment, specifying the class of membership desired. The Board of Directors shall have power to approve or reject any such application. In case of approval the Board of Directors may enroll such applicant as a member of the Council subject to report for ratification at the general meeting of the Council next following.

5. Basis of Representation.

The following shall have the right to attend and exercise voting privileges at each annual or other general meeting of the Council.

(*a*) Eight accredited representatives of each Dominion wide organization.

(*b*) Four accredited representatives of each provincial organization.

(*c*) One accredited representative of each Local Community organization.

(*d*) Founders.

(*e*) Life Members.

(*f*) Sustaining Members.

(*g*) Active Members.

(*h*) The officers of the Council elected at the annual meeting next preceding such member.

6. Officers.

The officers of the Council shall be a President, Vice-Presidents, Treasurer, General Secretary and such other Secretaries as the Council may decide.

7. Board of Directors.

The Board of Directors shall consist of the President, Vice-Presidents, Treasurer, General Secretary, and nine other members elected annually at the annual meeting of the Council.

The Board of Directors shall appoint a business executive from its own membership to which it may relegate its duties between meetings of the Board.

8. Committees.

(*a*) The Council shall, at each annual meeting, elect a committee representing each Province consisting of not less than three or more than seven members. Each such committee shall be known as The .....Committee of the Canadian National Council for
Name of Province
Combating Venereal Diseases, and subject to the supervision of the Board of Directors shall have oversight of the work of the Council within that Province, encouraging and correlating the activities of existing social agencies and especially of those organizations which are members of the Council.

(*b*) The Board of Directors shall appoint, not necessarily from its own membership, a Medical Committee, a Propaganda Committee, a Literature Committee, a Service Committee, a Finance Committee, a Social Service Co-operative Committee, which may be divided into sub-committees such as those dealing with Industrial Conditions, Housing and Recreation, and such other Committees as may from time to time be thought advisable.

9. Meetings.

The Board of Directors shall arrange for the annual meeting of the Council at such time as it may deem wise. It may, at any time, convene a special general meeting of the Council, and shall call such general meeting on the receipt of a requisition therefor from twenty members of the Council; such meeting shall be held within twenty-eight days of the receipt of such requisition.

10. Duties of Board of Directors.

The Board of Directors shall advise the Council with regard to the policies to be pursued; it shall carry out the policies determined by the Council; it shall report to the Council at its annual meeting; it shall arrange the procedure for the meetings of the Council and for its own meetings; it shall meet not less frequently than once every six months.

11. Amendments.

Amendments to this Constitution may be made at any annual meeting of the Council or at any general meeting called for such purpose,

provided two-thirds of the members present vote in favour thereof, and provided that any such amendment shall have been previously considered by the Board of Directors.

OFFICERS.

The following officers were elected at the organization meeting of the Canadian National Council for Combating Venereal Diseases, held at Ottawa, on Friday, May 30th, 1919:

President—Chief Justice Riddell, Toronto.

Vice-Presidents—Dr. J. Halpenny, Winnipeg; Mr. W. B. Maclellan, Halifax; Col. J. W. S. McCullough, Toronto; Hon. Dr. Roberts, St. John, N.B.; Mrs. Judge Murphy, Edmonton, Alta.; Dr. M. M. Seymour, Regina, Sask.; Rev. Dr. Symonds, Montreal; Principal Vance, Vancouver.

Treasurer—Mrs. A. M. Huestis, Toronto.

Members of Board—Dr. J. D. Page, Quebec; Dr. J. G. Shearer, Toronto; Mrs. L. A. Hamilton, Toronto; Dr. C. K. Clarke, Toronto; Major A. K. Haywood, Montreal; Dr. O. C. J. Withrow, Toronto; Miss Jean Gunn, Toronto; Dr. Peter H. Bryce, Ottawa; Major J. G. Fitzgerald, Toronto.

The following were appointed *pro tem* Chairmen of the Committee for the Provinces—Dr. R. S. Jenkins, Charlottetown; Dr. W. H. Hattie, Halifax; Dr. Desloges, Montreal; Dr. G. G. Melvin, Fredericton; Dr. Hodgetts, Ottawa; Mr. D. B. Harkness, Winnipeg; Hugh Dobson, Regina; Dr. H. C. Jamieson, Edmonton; Dr. Young, Victoria.

Port Said cleaned up by British Army*

Stringent Law Enforcement Program transforms city that was reputed to be Wickedest in World

PORT SAID, which has long had the reputation of being the wickedest town in the world, has been cleaned up under British military administration, according to newspaper accounts, and is declared now to be as demure as Brooklyn, N.Y.

Port Said was one of the strategic points in the British and Turkish military schemes, and was made the centre of a large British military concentration. It was immediately realized that venereal conditions there would be fatal to military efficiency.

Colonel P. G. Elgood, the Base Commandant, therefore undertook to clean it up. He is quoted as follows:

"The gambling houses were closed when war was declared, so I was never troubled with them. My biggest problem was the Rue de Babel. All the houses in it were owned by foreigners, all of whom were under the protection of their consuls. Many of them had their life's savings invested in the houses in the Rue de Babel, and it was not an easy thing to root them out.

"I gave them notice that the women would have to get out. We told them they could either leave the country or move to Cairo or Alexandria. We didn't think the war would last as long as it did, or it is possible that we might have given them the single instruction to get out of the country. It was easier then to get out of Port Said by sea than it is now.

The Two Schools

"In this step I had the approval of General Murray, then the commander of the Egyptian Expeditionary force. General Murray is a devout Christian and in his attitude toward the vice problem and its relation to the troops he took the ethical view that vice should be put beyond the reach of men. Throughout my long fight to clean up Port Said, I had to deal with the two schools, the school which looks upon vice as wrong and the so-called practical school which believes that vice, being necessary, should be regulated. The latter school, from the first, deplored my closing up Port Said. They said I would merely force the men into the Arab quarter, and far worse results would ensue.

**Reprinted from the Social Hygiene Bulletin, July 1919*

"Port Said is sharply divided into the European quarter and the Arab quarter. I determined to drive out the last vestige of vice from the European quarter and then I put the Arab quarter out of bounds to men. That is the condition which prevails to-day. So far as I know, there is no vice in the European quarter; there may be, there doubtless is, an occasional woman who adds to her earnings by vice, but I have not considered that her existence has any relation to my task of making Port Said safe for the troops. There is not a single house of prostitution anywhere in the European quarter. Of that I am certain."

The only difficulty described in connection with the law enforcement régime occurred when ten thousand Australians of the desert mounted corps returned to Port Said after two years' service in the desert.

They are well known to be an independent lot who do not pay much regard to the police, but most of them were apparently kept out of the Arab quarter, and for those who went in a prophylactic station was established.

It is stated that among the ten thousand Australians, only thirteen new venereal infections were reported in Port Said.

Continuing his description of the methods used in law enforcement, Colonel Elgood said:

Consuls Give Aid

"When the owners of the houses in the Rue de Babel went to their consuls to protest against the closing of the houses, the consuls who were charged of course with the protection of the interests of their fellow citizens, could have made a great deal of trouble. But they had taken in the situation and behaved very well. They represented to the owners of the houses what the needs of the time demanded, and a situation which might have become a very long and involved one, was averted. The women left the town and the houses were closed.

"I then got after the solicitors in the streets. This was a very difficult problem, due both to the nature of the Arabs we had to deal with and the fact that Egypt had no laws which made procuring a punishable offense. I got around the absence of Egyptian law on the subject by instituting a military court, and I had gotten the last of these street procurers punished before I learned that in England there is no law against orderly street soliciting, and that all my convictions were illegal. By that time, however, I had achieved the end I had aimed at, and not only were the houses shut up but the streets were cleaned out. You will understand how thoroughly I had the streets cleaned out, when you think that for two years Port Said's streets were in absolute darkness after night, due to the possibility of air raids. We had a fight almost equally hard to get the town darkened after night,

but we finally succeeded and for two years there were the possibilities of reviving in darkened streets all the vice of peace time. Even during those two years, however, we kept the streets as clean as you will find them.

"I then took up the drink question. The sale hours I fixed at from 1 to 3 p.m. and from 6 to 9 p.m., and you will find that café owners respect them to the second. They know that if they are caught selling a drink out of hours, they will be called to account immediately. They know that to deprive one of them of his soldier trade by placing an 'Out of Bounds' sign on his café, is to hit him very hard, and they know that it is easier for a camel to pass through the eye of a needle than for an 'Out of Bounds' sign, once placed, to be lifted. They know, too, that if they are caught selling a drink to a soldier when an 'Out of Bounds' sign has been placed on them, they will be closed instanter, and to close them is to ruin them.

The Future

"I presume that when martial law ends in Port Said, the old days will be resumed. The houses will open in the Rue de Babel, and the town will resume its old position as 'the wickedest sea-port in the world'. That, however, is none of my affair. As long as Port Said is under martial law, it will be safe for the men who stop here.

"Cleaning it up has been a long hard fight. The ethical men and the practical men have each in turn praised me and condemned me. I did not attempt to regulate vice in Port Said as the so-called practical men urged me to do, for the reason—one reason—that under the conditions under which regulation is usually practised, it cannot make vice safe. There was only one thing for me to do, if I were best to conserve the man power under my command. That was to stamp out vice utterly. That we have done."

The Social Background.

The Policy, Spirit and Programme of the Neighborhood Workers Association.

F. N. STAPLEFORD, M.A.
General Secretary.

MAN has been described as a political animal. His associations are not alone that great mass of casual and unpremeditated contacts which make up so large a part of life, but also include those definite self-conscious organized associations through which he definitely sets out to achieve something. The object of his planning is usually to change some part of his social or physical environment so that it will be more to his liking.

The Neighbourhood Workers Association is based upon that instinctive craving of people of like mind, actuated by a common purpose, to get together and pool their experience, and to increase the range of their influence through organization. Organization is but the vehicle through which human volitions and ideals register themselves and make themselves effective.

The N.W.A. brings together its members for a very specific purpose. It is not interested in the poetry of the Victorian era or archaeological remains in the Nile Valley, nor in any one of the thousand other objects of human interests which are each admirable in themselves. It confines its attention purely to social conditions in the narrower sense of the term, as they occur in our own community, and has the very definite purpose of changing certain present factors of our city and country which experience has found to be injurious and harmful. It has as its object the removal of present suffering and the changing of conditions so that the causes of this suffering may be permanently eradicated. It waves no red flag, but believes in the essential soundness both of heart and judgment of the citizens who make up our democracy, and believes that when there is an intelligent understanding both of the actual handicaps under which so many people must live, and of the means available for the removal of these handicaps, that wise and humane social action will be taken. It stands for the scientific relief and the progressive eradication of poverty for the multiform modern ways in which child welfare must express itself, for the intelligent treatment and study of the great complex of problems which cluster about the treatment of the dependent and delinquent classes.

Policy.—The policy of the N.W.A. is based upon the belief that there is a definite place of usefulness in social work, for voluntary workers and for professional workers who have been perhaps only partially trained. Social work is skilled work of a very delicate and important character and there are organizations and individuals who realize this so keenly that they would shut off from any avenue of usefulness, all save a few highly paid and highly trained specialists.

The N.W.A. is filled with the essentially democratic belief that there are large powers of usefulness lurking in a very wide circle of people and an effort should be made to call this out and direct it into useful channels.

The war has shown in a surprising way the rich adaptability and resourcefulness of human life. People under pressure find that they are capable of doing many things the talent for which they did not believe themselves to be possessed. A large number of members of the N.W.A. are, of course, professional workers but these are reinforced by a very much larger group of those who have a contribution of personal effort, energy and social enthusiasm to make in a voluntary capacity. The crude idea, however, that good will is alone sufficient finds no tinge of sympathy in the policy of the N.W.A.

The N.W.A. is an army of some 200 organizations and of more than 600 workers who unite in order to make themselves as efficient as possible in the carrying on of their important work.

By deliberate policy the N.W.A. is also strictly non-denominational in its method of work. That does not mean that it is non-religious. Religion furnishes the motive power for probably most of the membership. But religion is not made the subject of discussion or controversy. Each is content to respect the beliefs of the other and without any individual sacrifice of principle, to work with others for the common good. Co-operation on the social side, however, has the important result of creating a bond of sympathy and mutual respect among those who differ widely in matters of religion and theology.

Spirit.—The genius then, of the N.W.A., lies in this spirit of co-operation. We respect each other's work too much to be willing to do the slightest thing to injure that work. There is then a very definite code of ethics being developed in regard to the relations of social workers to each other, and to the families whose interests it is their primary business to advance. One organization will refrain from cutting in on the work of another. Antagonism and misunderstandings are obviated by frank, free personal contact.

The spirit of the N.W.A. is a spirit of comradeship. Woodrow Wilson in an address given to a college fraternity in 1919, expresses very exactly the intellectual by-products which come from such association. "Its effects are atmospheric. They are wrought by impression, by associa-

tion, by emulation. The voices which do not penetrate beyond the doors of the classroom are lost, are ineffectual, are void of consequence and power. No thought will obtain or live there for the transmission of which the prevailing atmosphere is a non-conducting medium. Contact companionship, familiar intercourse is the law of life for the mind." There is a task so large to be achieved that one who is faced with any duty of accomplishment in regard to that task, wishes to feel the ties of fraternity with all others who share that task in common.

In the effort to secure allowances for mothers, better housing conditions, or more adequate measures for child welfare, the same group of people met and met again in this continuous warfare, until they are knit together by a very real tie of comradeship and loyalty. This is one of those valuable, unestimated by-products of the N.W.A. system.

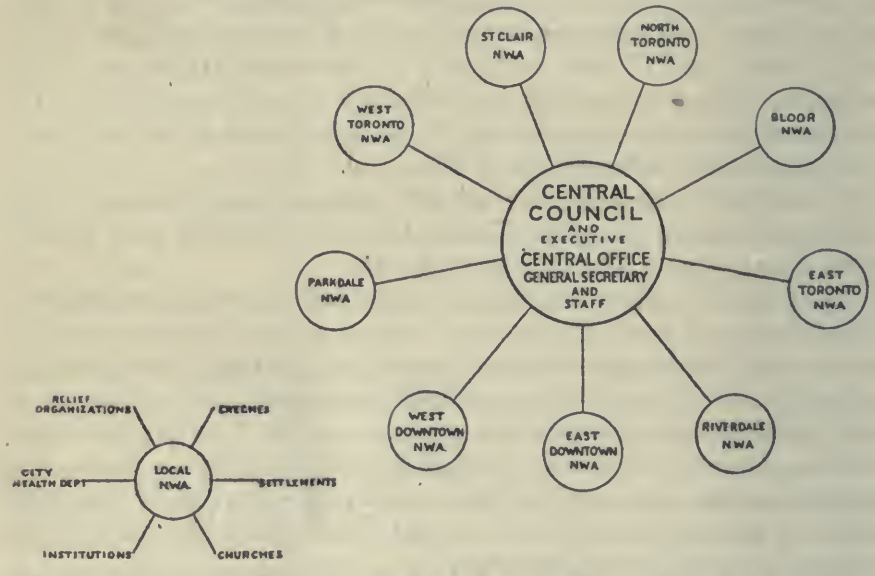

Diagram of relation of Central Council and Central Office to District Association.

The spirit of the organization is also scientific. The foundation of all the work is the Case work with the individual family. This involves individuality of treatment, a definite study of the concrete which is far removed from vague theorizing or an elaborate system of armchair logic. Medical science is built up largely on a foundation of bed-side practice. Social case work similarly starts in a definite study of individual families who for some reason or other are not socially normal. Generalizations are inevitable and necessary. There is a definite body of social science growing up. This however, draws its strength from that contact with reality which is based upon an intensive study of individual cases. There is of course, a type of mind perfectly content with trying to meet the

needs of families as these occur, without any attempt to go to the root. But the atmosphere of the N.W.A. is not conducive to such inconclusive thinking. The stimulus of association creates the urge to analyze causes as well as to deal with effects. Social case work gives a basis and affords the justification for social legislation and other forms of social action. There are those who object to this whole scheme on the basis that it is not radical enough. It is necessary to point out that we are under the obvious necessity of being radical *intelligently*. Scrapping social machinery is comparatively easy, but the task of creating, without widespread suffering and injustice, a new set of machinery which will function more perfectly than of old, is a task of great magnitude and complexity. Let the change be as rapid as possible, providing it is based on an intelligent study of data, and is really a scientific formulation of the needs of the situation.

Programme.—The world in general is interested chiefly not in the question of policy or spirit which may actuate the organization. The question usually asked is "What is the organization doing?" The ordinary individual is distinctly not interested in the fine points of the constitution, but simply asks "Will the horse trot?" The final vindication then, of the N.W.A. must be in the definite work which it accomplishes for the public good, and here I have no intention of tabulating a long list of achievements of the organization. Beneficial results are usually obtained by the cooperation of many factors, and to claim sole credit is to expose the organization not only to the charge of vanity, but to that of untruthfulness. There are, however, some very definite pieces of work which the N.W.A. has been able to accomplish and anyone who thinks over the history of the past few years and of the past winter, would probably conclude that the organization is amply justifying its existence and is coming to be an increasing power in the city as a force which makes for social righteousness.

There is that contribution which each individual organization is making within its own sphere, and if this work were to be dropped it would be social disaster of a very acute character. There is also the work which is done by these local organizations in corporate or organized capacity through the vehicle of the N.W.A. Through their own work they touch the concrete and actual; through the wider organization they make their influence felt in broad currents of public opinion and social action.

Much work remains to be done. This is no time for complacency or self-congratulation. Rather the call is to unite all forces, fuse them with a common purpose and determination, to make Toronto a cleaner, safer, happier city for all its citizens, even the least of its little ones. We cannot be complacent when we think that at this very moment there

are women carrying the tremendous burdens of family support, as well as of family nurture and care; of children who are growing up under influences that corrupt them from their youth; of defective and feeble-minded young people left too largely to the chances of fate; of the people who are hungry to-night; of the people who have no employment; of people who have no friends.

There is a new social order a-building which shall more closely represent the ideal of liberty, fraternity and equality. It is to this task that the social worker must set his hand.

Victorian Order of Nurses

1. The Victorian Order of Nurses of the City of Toronto cared for 1,400 maternity cases and made over 35,000 visits during the year. They attended to nearly one-eighth of the maternity cases of the entire city, and Miss Hall, the lady superintendent, 281 Sherbourne St., who is anxious to increase the staff from 18 to 30 nurses, will be glad to receive letters from, and give information to qualified applicants.

2. The work of the Victorian Order of Nurses in the city of Toronto has increased to such a volume that it is decided to practically double the staff of nurses. The V.O.N. nurses are at present housed at the head-quarters building, 281 Sherbourne Street, but with the additional staff, the premises will have to be enlarged or new quarters found. Miss Hall, the lady superintendent, will be pleased to receive applications.

3. The Victorian Order, Toronto branch, have recently opened two new suburban districts and the nurses have been provided with automobiles, with which to make their calls, and it has been found that this has been of considerable help to them in making more visits and covering greater distances. We are given to understand that Miss Hall, 281 Sherbourne St., is anxious to add several nursing assistants to her staff.

4. The Victoria Order of Nurses of Toronto are in receipt of many letters of appreciation for their work during the influenza epidemic, and Miss Hall, the lady superintendent, is congratulating herself and feeling very grateful that none of the nurses were afflicted with the disease. Doctor Hastings, M.O.H. of the city of Toronto, writes: "I have to express to the V.O.N. our keen sense of gratitude for their valuable co-operation during the influenza epidemic in this city".

The Provincial Board of Health of Ontario

Cases and Deaths from Communicable Diseases reported by Local Boards of Health for the Month of June, 1919.

COMPARATIVE TABLE.

Diseases.	1919 *June* *Cases.*	*Deaths.*	1918 *June* *Cases.*	*Deaths.*
Smallpox	68	2	15	0
Scarlet Fever	310	6	196	4
Diphtheria	273	25	136	13
Measles	104	0	1426	8
Whooping Cough	63	2	277	11
Typhoid Fever	22	7	24	6
Tuberculosis	228	183	172	147
Infantile Paralysis	7	5	1	0
Cerebro-spinal Meningitis	4	4	9	8
Influenza	38	17	0	0
Acute Influenzal Pneumonia	20	19	0	0
Acute Primary Pneumonia	132	129	0	0
Total	1269	399	2256	197

(*Note.—Last three diseases were not reported in 1918.*)

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH

	1919 *June* *Cases.*	1919 *May* *Cases.*
Syphilis	108	98
Gonorrhœa	154	129
Chancroid	10	5
Total	272	232

(*Note.—Syphilis caused four deaths, three being babies under 10 months*).

CASES OF SMALLPOX REPORTED FOR MONTH OF JUNE, 1919.

	Cases.	*Deaths.*
Brantford	1	0
Ottawa	1	0
St. Thomas	2	0
West Lorne	3	0

CASES OF SMALLPOX REPORTED FOR MONTH OF JUNE, 1919.—*Contd.*

	Cases.	*Deaths.*
Alborough Tp.	7	0
Kingston	1	0
Belleville	3	0
Harwich Tp.	18	1
Wallaceburg	6	0
Darling Tp.	1	1
Widdifield	1	0
Springer	2	0
Walsingham S. Tp.	3	0
Peterboro	3	0
Kitchener	3	0
Guelph	7	0
Hamilton	1	0
Beverley Tp.	1	0
Toronto	1	0
St. Joseph's Novitiate	1	0
Scarboro' Tp	1	0
Etobicoke Tp.	1	0
Hawkesbury Tp.	1	0
Total	69	2

The following biological products were distributed free of charge by the Provincial Board of Health during the month of June, 1919:

Smallpox Vaccine	6,315	points.
Diphtheria Antitoxin	9,842M	units
Diphtheria Antitoxin	737	syringes
Anti-meningitis Serum x 20 c.c.	32	vials
Anti-meningitis Serum x 20 c.c.	10	outfits
Tetanus Antitoxin	304,000	units
Tetanus Antitoxin	25	syringes
Pertussis Vaccine — Boxes of 14 c.c. ea.	126	
Pertussis Vaccine — Bottles of 10 c.c. ea.	68	
Pertussis Vaccine — Bottles of 25 c.c. ea.	11	
Silver Nitrate Solution — Boxes,	45	
Typhoid and Paratyphoid	5181	c.c.

Correspondence

Editor PUBLIC HEALTH JOURNAL:

SIR:—Newspaper reports inform us that a Department of Public Health may be established in Canada. If so, would it not be logical for that Department to consider among the many fields for efficiency in public health, the establishing in each city of disinfecting or sterilising stations for mail bags. Should not all mail bags be disinfected each time they come from abroad; also, local bags at stated times? Those bags from the continent of Europe I would consider will want watching in the near future.

Disease is no respecter of persons. A Cabinet Minister, doctor or merchant may receive a letter that has been packed tight in a bag containing a letter from a house in which a contagious disease was raging. We are aware that disease germs can be so conveyed. It is quite possible that as mail bags go from one end of the country to the other end, that they may cause the spread of disease and epidemics. There were very many reasons given for the quick spread of the Spanish Influenza, perhaps this was one case.

Such a department may also see the wisdom of asking the railroad companies to substitute a covering for seat cushions in their cars that will not harbor microbes and dust. Having travelled considerable on our railroads I could retail some incidents that I have witnessed in our rail coaches which are not condusive to sanitation or elimination of the White Plague. Most of us are aware that if we strike those plush seats hard with our hand that the imprint of the hand will be left on the seat. It is obvious that with the motion of the car going over the points that a quantity of this dust and perhaps disease germs may be set free to float in the air of the cars and be inhaled by a passenger. It is not a common occurrence for people to return from a trip suffering from a cold or sore throat—inhaled germs in the cars, no doubt.

Such an act should include the cleaning of all cornices and woodwork inside a car with a vacuum cleaner at the end of each run when the cars had been occupied for two or three days. Also, the sterilising of blankets provided in the sleeping coaches. The curtains also should be sterilised once per week. Hearing a fellow-passenger coughing best part of the night short time ago caused me to wonder if any of the disease germs coughed up went into those curtains or blankets. Such conditions when our country was thinly populated forty or fifty years ago was not so serious as they are to-day. I am of the opinion, sirs, that reform started on these lines will cause the people of Canada to bless the Department of Public Health.

Yours truly, J. S. K.

News Items

The following despatch appeared in *The Globe*, Toronto, on July 15th, 1919: Lieut.-Col. John A. Amyot, M.B., C.M.G., of Toronto, a returned soldier, has been appointed Deputy Minister of the new Department of Health, the establishment of which was authorized in a bill passed by the House of Commons at the session just closed. Col. Amyot will commence his duties in Ottawa in about two weeks' time.

Col. Amyot is professor of hygiene of the University of Toronto, and director of the laboratory of the Provincial Board of Health and has had wide experience in public health work.

He went overseas in May, 1915, with No. 4 Canadian General Hospital, University of Toronto, and on his arrival in England, owing to his well-known experience in sanitation, he was sent to France to take command of the Sanitary Section of the First Canadian Division in June, 1915. After some months there he was placed in charge of the sanitary organization of the Canadian Corps and was, some months later, asked for by the headquarters authorities of the Second British Army, where he was appointed A.D.M.S., Sanitation, in September, 1916, taking charge of the sanitation of the area occupied by that army, which extended from the North Sea to well below the Ypres salient and Armentieres.

He was mentioned in despatches December 31, 1917,and was awarded the C.M.G. January 1, 1918. For the last period of his overseas services he was consultant in sanitation to the Canadian forces in England and returned to Canada May 24, 1919.

Dr. Fred A. Adams, D.P.H. of the City Health Department, Toronto, has been appointed Medical Officer of Health of the Border Municipalities, in which are included Windsor, Walkerville, Ford City, Ojibway, Sandwich, Sandwich East and Sandwich West.

The addresses on Public Health at the 49th annual meeting of the Canadian Medical Association in Quebec in June were given by Lieut.-Col. J. W. S. McCullough and Dr. J. D. Page in English and French respectively.

The next annual meeting of the Canadian Medical Association will be held in Vancouver either one week before or one week after the meeting of the Canadian Public Health Association in Edmonton. This will permit eastern members of the two associations to be present at both meetings.

Order-in-Council, P.C. 1168, dated June 23rd, 1919, has authorized payment of war service gratuity to members of the naval and land forces of Canada who were discharged before November 11, 1918, under the same regulations as govern the granting of gratuity to members of these forces who were retired or discharged after that date.

Sir Arthur Newsholme of London, England, delivered an address on "Public Health Problems of the Immediate Future," in Convocation Hall, University of Toronto, early in June. Sir Arthur has accepted for next year the Chair of Public Health in the School of Hygiene and Public Health in Johns Hopkins University.

Courses leading to the Diploma of Public Health are being offered in various Canadian universities this fall for the first time since war was declared. McGill University, the University of Toronto and Western University, London, Ontario, all provide these courses.

A very successful "Baby Week" was held recently in Brampton, Ontario, under the direction of Miss Mary Power of the Provincial Board of Health of Ontario. Evening meetings which were largely attended were addressed by Lieut.-Col. J. W. S. McCullough and others.

Major T. A. Lomer, D.S.O., of Ottawa, has returned from overseas and has resumed his duties as Medical Officer of Health of Ottawa.

Lieut.-Colonel Robert Wodehouse, District Officer of Health, Fort William, has received recognition for valuable services rendered overseas, having been made an Officer of the British Empire Order.

Lieut.-Colonel Allen Rankin, C.A.M.C., Provincial Bacteriologist of Alberta has been made a Companion of the Order of the Bath in recognition of valuable services rendered in France.

Dr. George D. Porter has resigned his post as Officer Commanding the Divisional Laboratory, M.D., No. 2, after three and a half years' service in the C.A.M.C.

Editorial

A Social Hygiene Programme for Canada

ELSEWHERE in the present issue appears a summary of the proceedings of the Social Hygiene Conference held at the instance of the Dominion Government in Ottawa on May 29th and 30th. At this conference many important health promoting agencies were represented and for the first time under government auspices an opportunity was given for the discussion of all aspects of the social hygiene problem. Important papers were read by well-known authorities on various phases of the question and a great deal of important work was accomplished in committee. The conclusion of the conference should form a valuable basis for the programme to be inaugurated under the new Federal Department of Health.

One of the most important results of the Conference was the formation of a Canadian National Council for Combating Venereal Diseases. This new organization while working under a name similar to that of the British organization will be of somewhat wider scope in its operation and will probably also undertake work similar to that of the American Social Hygiene Association whose special problem is not the treatment of venereal diseases, but the investigation of the social factors at the bottom of the whole problem.

It must not be forgotten in this respect that the factors producing venereal disease are essentially social and that until they are fully understood little will be accomplished. The question of housing, wages, recreation and education must all be considered and some effort made to remedy existing conditions. This will mean investigations of various types and it will be fitting that the Canadian National Council should suggest or even initiate such work. It is most gratifying to learn that immediately after the Conference the Dominion Government decided to permit the Provincial Board of Health of Ontario to manufacture arsenical products for the cure of syphilis and that in the estimates for the Federal Department of Health there appears an item of $200,000 for combating venereal diseases. It would seem as though "A Social Hygiene Programme for Canada" were off to a good start.

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Librarian, University of Toronto, TORONTO

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$2.00 per annum 20 cents per copy.

169 BAY ST., TORONTO

Why the "Mutual" is so Popular

The Mutual Life Assurance Company of Canada placed upon its books in the first five months of 1919 100% more business than in the corresponding months of 1918. The wonderful war-record of the Mutual Life and the prompt payment of the many unexpected claims during the recent epidemic have proved the value of the institution. The Mutual, moreover, is in a peculiar sense a people's Company, being in its control democratic, in its economy strictly co-operative. This means that the system is in line with the "spirit of the age" and so the people naturally turn to the Mutual.

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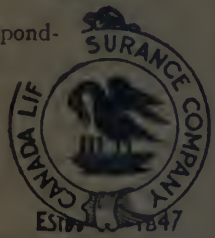
The first two lessons of the Company's correspondence course will be sent to anyone interested. It will pay young men who desire to get on in the world to look into this.

All correspondence strictly confidential.

CANADA LIFE ASSURANCE CO.
Head Office: TORONTO.



The Public Health Journal

Vol. X SEPTEMBER, 1919 No. 9

The Public Health Officer and his Relation to Public Health in Ontario*

S. E. L. Thompson, M.D.
Kingston, Ont.

GENTLEMEN—I consider it a great honour to have the privilege of addressing you, the Health Officers of this Province, and wish to thank in particular Dr. J. W. S. McCullough for his very kind invitation to address you. May I pause a moment to take this opportunity of thanking the Medical Health Officers of No. 3 Military District for their kind cooperation and assistance to me when I had occasion to be associated with them in connection with matters of public health.

I have chosen for the subject of my remarks today "The Public Health Officer and his Relation to Public Health in Ontario". I am a neutral so to speak, but have become very much interested in matters of public health, as I occupy in the army a position similar to the health officer with these exceptions. My duties were in connection with a special class, the district I covered was somewhat large, and lastly, that the community I looked after was subject to discipline.

I quite realize the immensity of the subject I have chosen, and in the time allotted to me, I shall be barely able to give you an outline of the subject.

Medical Officers of Health in the Province of Ontario are not paid adequate salaries. The Medical Officer of Health, as you know, is paid by the community in which he resides. The town council pay him whatever they see fit. While it is generally conceded that the Medical Officers of Health give many times over value for money received, still they are paid very poor salaries. He is very often the last to be considered of civic wage earners. If adequate remuneration were paid no

*Read at the Annual Meeting of the Ontario Health Officers' Association, Toronto, May 27th, 1919.

doubt time would be given in proportion. The ideal to which we should look forward to would be that we should have a full time paid Medical Officer of Health.

In addition to the Health Officer, it is necessary that he should have an adequate staff, such as sanitary inspectors, public health nurses and clerks. It is true that come communities have acted along these lines, while in others, such institutions as the Royal Victorian Order of Nurses, have carried out this work. But it is evident that the best results cannot be obtained unless organization is good and control is centralized.

"Can we hope to achieve this ideal?" My answer is "Yes! By all means." "But how?" you will say. A possible solution of the difficulty might be brought about in this way. That Medical Officers of Health and their staff should be paid by the Provincial government. Is not health a provincial matter? Then why does not the province look after the enforcing of the law and the payment of the officers that do the enforcing? And I further contend unless the Medical Officer of the community is paid by the province, and that he is subject to discipline by the Provincial Officer of Health or his deputy, health laws will not be enforced.

I will now pass quickly on and take the liberty to point out some reasons to justify the statements I have just made.

For instance, towns have plumbing inspectors, who examine the sanitary fixtures of houses, but if I am informed correctly, these officials are not responsible to the Medical Officer of Health which they should. It is worthy to note in passing that every Medical Officer of Health should have a working knowledge of sanitation from the point of the engineer.

The care and collection of garbage is not being looked after as it should be. This matter requires an educational campaign.

Many cities and towns have milk inspectors. These officials, in some cases, are veterinarians, but you will recognize with me that while this official may be of assistance, still the work is one that should come under the Medical Officer of Health. You all recognize that the bacteriological count in the case of milk is of little or no value, and what counts is this, the surroundings of the source of supply, and the cleanliness of the utensils, and of those who handle the milk. Surely this work should be done by the Medical Officer of Health.

There is no proper supervision of slaughterhouses and canning factories, candy shops, bake shops, etc. Restaurants and hotels show kitchens that are extremely dirty. The public are handed out eatables from dens of filth.

Common drinking cups are allowed even in the schools, and in very many public places. Railway coaches are notorious for these water

containers being filthy. Delapidated drinking cups are always in place, and you have only to sit for a few minutes to see how often they are used.

Lavatories in railway coaches are in a filthy condition. Soap and towels for common use are there. May I ask this question. "Must a man, because he cannot afford to pay for a Pullman or Chair Car, be the object of the spread of communicable disease?" Evidently the railway companies think that he should, because they discriminate against him in different coaches on the very same train. You know, gentlemen, that the traveller cannot evade communicable disease in this manner, because the poor man's child may take the disease, and transmit it to the rich man's child under, say, such conditions as attending school. Both parties ought to be protected.

Our provincial laws are not respected in regard to water supplies. Boards of trade and mayors will tell you that they never had typhoid in their town, and admitting with the next breath, that their water supply is not satisfactory, and very often shows contamination. How ridiculous talk of this kind is, you know. Samples of water are not collected regularly because the carrying out of this feature entails considerable time and trouble, and hence is not done.

How many Medical Officers of Health here present candidly know what the Venereal Act is all about or try to enforce it in their community? You see therefore, gentlemen, that Medical Officers of Health do not take the interest that they should in matters of health in this province.

The Medical Officer of Health should be the most-thought-of individual in the community. He should be the teacher and moulder of public opinion in matters of public health. He should interest himself to stimulate organizations that would promote public health. The clean-up week, the exposing and prosecuting of unscrupulous violators of public health law. The protector of the new born child (what an important and necessary duty now in this time of reconstruction), and in fact the guardian of health in every community. The travelling public should be protected. A resident in a large city should be protected in the small community and also while he is travelling. If it came to pass that these matters were corrected, would not communicable disease disappear from our midst? The untold misery to themselves and others of young men and women who are exposed to venereal disease would be lessened. Again I say, that it is useless to have laws unless they are enforced, and the enforcing of laws can only be done by a Health Officer who is paid an adequate salary by the Provincial government, and subject to discipline of the Provincial Health Officer or his deputy.

I might have gone on to consider many other phases of this subject, and I desire that you understand that it is not with a spirit of criticism

that I bring these facts before your notice, but it is with the idea of stimulating your interest in the fact that a full time Medical Officer of Health paid by the province is necessary for every municipality of this province.

Before concluding may I mention that a step along the lines that I have suggested is already before the Dominion House at Ottawa. A Federal Department of Health is about to be established. The public seem aroused to the fact that there is such a thing as preventative medicine, and that preventative medicine is worth while, therefore why should you, the Medical Health Officers of this province not take advantage of this to improve conditions in Ontario.

To sum up this paper then I would say:—

(1) Public health law is not being enforced in Ontario as it should be.

(2) The responsibility for enforcement of this law rests ultimately in the Medical Officer of Health of the municipality.

(3) That unless a full time Medical Officer of Health be on duty, the law cannot be properly enforced.

(4) In order that a proper Medical Officer of Health be on duty and adequately paid, this salary, as well as that of his staff must come from the province.

(5) That the Medical Officer of Health should be responsible for discipline only to Chief Officer of Health of the Province.

President's Address

Annual Conference Medical Officers of Health of Ontario

By G. L. Cruikshank, M.D.
Windsor, Ontario

I WISH to thank the members of the Conference for the honour of the Presidency and to assure them that the pleasure would be much greater if there was no address to be made or even if the subject was selected.

It is customary to review the advances that have been made in sanitation during the year, but as these have been most distinguished in the army, I feel that they should be taken up by a confrere who helped to make such a marvellous reputation for prevention of disease in the war.

The most outstanding incident in health matters during the past year was influenza, but while this has been as successfully managed in Ontario as anywhere in the world yet the death rate has been great and our efforts to prevent it were largely unavailing. Scientific investigations have been carefully made, with results so varied that they leave one's mind in a state of chaos. Great as has been the destruction of life by influenza I believe it will eventually save more lives than it has destroyed, *if we learn to cover our mouths and noses during coughing or sneezing* as was recommended by Benjamin Franklin long before bacteria were discovered.

The M.O.H. should make a careful examination of the ill-health of his community and search for underlying causes. It would be a good practice with every death under seventy years to trace its cause to its source which may have been in infancy or before that. Until lately our only data have been the death and contagious disease lists; to these we are adding the condition of health of those commencing school and during the school period and recently a very interesting study was made by the military of all youths between twenty and thirty and to our amazement it was found only fifty per cent. were fit for the fighting line. These are practically the only data we have for our diagnosis.

The M.O.H. will find that about one-third die the first ten years of life, one-third during the next fifty. After he has analysed, tabulated and thought over these deaths he certainly will be better fitted to advise his Board of Health. He will probably find that seventy-five per cent.

of children commencing school are defective and he will be compelled to think of the cause of bad teeth, infected tonsils, cervical glands, and tuberculosis.

In 1917 I analysed one thousand consecutive cases examined by a military medical board but was forbidden to publish it because it might indicate to the enemy our failing man power. No doubt the new Dominion Minister of Health will make this a careful study. Our diagnosis to be of any use must lead us to apply remedies. How can we avoid deaths among infants, ailments in school children, and among young men defects that unfit them for service in war and consequently for efficiency in civil life? How can we get rid of contagion? We can prevent smallpox with vaccination, but this will not protect against any other disease. So with typhoid and diphtheria and a few other diseases, each with its own protection, but like the Alchemists, we fail to find one universal panacea.

One hundred years ago one out of seven deaths was due to smallpox, vaccination has almost excluded this disease from civilized communities. During the Boer War more deaths occurred from typhoid than from wounds, during the recent war protective vaccine has almost eliminated this disease from modern armies; but *we have not more than a half-dozen effective vaccines or serums, yet men and women lived and flourished before these were discovered.*

The human body is the most effective medicine factory in the world, but for this the human race would have been extinct a million years ago. This factory is made up of the most intricate structures and is full of machines that produces the most wonderful products. The finest minds of the world have for centuries studied it and have established volumes of facts about it. Surely the care of this factory should be under the supervision of a superintendent who has a reasonable knowledge of its structure and workings, What ship would be entrusted to an engineer who did not thoroughly understand his engine? A novice might handle the levers and bring the ship to port if everything worked well but what would happen if a machine broke down. But the human factory is infinitely more intricate with hundreds of machines working in unison and human life is its product, yet the people of this province are complacent when quacks grossly ignorant of its mechanism undertake the supervision of this marvellous machine. The human body in spite of them maintains its ancient power over disease and often brings about a cure which these humbugs claim as due to their efforts.

The medical profession is largely responsible for this through their carelessness in not explaining; for very many forget the self-healing power of their bodies and attribute their health solely to their medicine

so that it is natural for them to believe a recovery in the hands of a quack is due to his efforts no matter how futile and ridiculous.

If there is anything that the people of this province should insist upon it is that those who undertake the supervision of human life should have a knowledge of the anatomy and physiology of health and disease. The public should do this themselves, for we have done it pretty well for them, as well as they would allow us to do, but their appreciation of our efforts recalls a story of Voltaire who was asked by his father what profession he would like to take up. Voltaire answered that he would like to be a Reformer and his father replied: "Do you know what happened to the greatest Reformer who ever lived?" *Many think our efforts to protect the public are attempts to perpetuate a monstrous medical trust.*

Primitive men isolated the contagious or disposed of them by means not so humane. Fifteen hundred years before the birth of Christ, Moses laid down rules for quarantine, disinfecting by washing and the burning of infected articles but the only immunity was inherited or accidentally acquired. They had no vaccines but they had immunity.

This self-healing power of the race is the basis of our modern immunization, a vaccine is injected which stimulates the organism to produce its protective bodies in advance so that when disease arrives it meets an effective resistance and the organism escapes. Sir Almoth Wright thinks that we are on the eve of a great development in vaccines.

But our ancestors were not without means for stimulating this inherent power of resistance to disease.

This is well illustrated by our sanatorium treatment of consumption, for which there is no specific, but confidence, rest, food, and fresh air with sunlight are accomplishing miracles and these are the very agencies that have kept the race alive, are now, and even after the vaccine age arrives will continue to be our best aids to combat disease before and after exposure. Of course no amount of these things will prevent one from getting smallpox or typhoid as does vaccination, but they help even these procedures and are effective *now*. Vaccines are very few and limited to one disease while these agencies are universal.

Faith cure is one of our best protectors. During an epidemic the terrified are the easiest victims. The most successful family physician I ever met gave good advice and good medicine; but gave more faith cure than a Christian Science healer.

During the recent epidemic capable and reliable observers published a procedure that gave wonderful results and we felt that influenza was conquered until some equally competent and reliable observers using exactly the same thing published results that appeared disastrous.

May it not be that the difference was due to enthusiasm and faith cure? I believe a well-grounded optimism will increase the opsonic index.

REST.—Doctor Richard Cabot says "I believe more minor illnesses are due to lack of sleep than to any other recognizable factor. A person catches cold, gets lumbago, is constipated, is headache-ridden—sleep would set him right with the world." Exercise in the open must always be considered with proper sleep and this it must be admitted is one of our best means of preventing disease.

FOOD.—The war has demonstrated in millions of cases the liability to disease of the under-fed. In India, always half starved, 4,000,000 died of influenza last year and in one village forty-four per cent. of the population. In this country there is little under-feeding but much over-feeding with improper diet. We do not drink enough water and our milk is often laden with tubercle.

FRESH AIR.—When we speak of Sanatoriums we think of fresh air. Fresh air is excellent but the sunlight that should go with it is more important.

SUNLIGHT.—It was not without reason that the ancient Egyptians at the very zenith of their power and culture worshipped the sun.

An open case of tuberculosis with an occasional cough reads the paper for ten minutes and the paper is covered with living deadly germs. He places the paper on the table in a good sunlight and in ten minutes every germ is dead. This reminds us that sunlight is not only a great tonic, but also an excellent disinfectant and that our movie theatres never see the light of day. Disease germs usually do not live long away from a living host but they do live and live best in the dark—our movies should be compelled to flood their auditoriums daily with sunlight.

A few years ago a factory was a great wall of brick with little peep-holes, now it is almost all glass. A workman's home should have as much sunlight as his factory. His home should be all sun-rooms or at least he should have one sun-room or out-door sleeping porch. This need not be expensive, with a French door instead of a window somewhere, the sun-room could be added easily and cheaply. No one well-to-do ever plans his home without a glass sleeping porch—why should the mechanic be without this boon?

Doctor Adami says at least 75 per cent. of the Canadians have been tubercular. This means seventy-four out of seventy-five got well without knowing they had it; the only symptom probably was a run-down feeling. What can a sanatorium have that one cannot have at home? It is not the mountain or forest air, for one of the most successful Sanatoriums in the continent is right in the heart of a great city. We can have the same doctor, the same nurse, the same food, but we cannot have the same rest in air and sun unless we have a sun-room. *Not only*

is this the best cure for consumption, it is also the best prevention and it enables us easily to isolate the open case right in the disinfecting rays. It is also the best tonic for a child delicate from any cause.

To sum up I wish to emphasize:

(1) That every M.O.H. should diagnose from all available data the health of his constituency once a year.

(2) That courage, rest, food, fresh air, and sunlight are the best aids to immunity.

(3) That every movie should be flooded daily with sunlight.

(4) That every home built with Government assistance should have a sun-room.

Work of Red Cross Organizations in Relation to the Preventive Medicine of the Future.*

Sir Arthur Newsholme, K.C.B., M.D., F.R.C.P.

It is difficult to give in brief space and without the detailed reports of proceedings in which I took part, a clear conception of the conclusions reached at the extremely important International Conference of Red Cross Societies which was held in Cannes during April of this year. I shall endeavour, however, to state the conception which gave rise to the conference and to give some of the conclusions reached by the experts in a number of departments of medicine on which are being based the initial steps for the organization of a new departure in Red Cross work.

It is unnecessary to refer to the vast amount of beneficent work which has been carried out by Red Cross agencies in the various belligerent countries. The record of saving of life, of alleviation of suffering, and, in other instances, of prevention of greater suffering is one calling for gratitude and congratulation. This work has been rendered possible by an unrivalled combination of trained and of relatively untrained workers. The trained workers were indispensable; but without the invaluable assistance of intelligent previously untrained voluntary workers, a vast mass of suffering would have been left unalleviated and unrelieved.

This work, in the main, has been directed toward the healing of the sick and wounded, but not entirely so; for most interesting and valuable work has been done among the civilian population of the belligerent countries in providing medical assistance, in special work for the treatment of tuberculosis, in securing medical assistance and advice for mothers and their children, and in caring for those who have been rendered homeless by ruthless war. In America also, around military camps in States in which public health administration is imperfect, an organization has been evolved, through co-operation between the Federal Public Health Service and the American Red Cross, by means of which territories about camps have been "cleaned up", the risks of malaria and other communicable diseases, including venereal diseases, have been minimized, a good milk supply has been assured, and elementary sanita-

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tion established. It is evident, therefore, that already the Red Cross, when local sanitary arrangements were imperfect or in abeyance, has taken upon itself the burden of the emergency preventive measures as well as of measures of relief. In so doing it has acted wisely. Preventive work is always more productive in results than relief work. It is also more economical. It is wiser as well as more humane to erect a parapet along the top of a dangerous cliff than to provide an ambulance at its base.

I do not, however, wish to give countenance to the notion that prevention and treatment of disease must be regarded in antithesis. The two parts are of a whole and not distinct and separate. This may be illustrated by two of the most serious diseases to which humanity is subject, tuberculosis and syphilis. Of these, tuberculosis is probably the chief producer of dependent widows and orphans, while syphilis, on the authority of Sir William Osler, must be regarded as third among the killing diseases. For the prevention of both of these diseases treatment forms an indispensable measure. Every arrangement conducing to the comfort or recovery of the tuberculosis patient diminishes the risk of massive infection in his family; and the prompt treatment of syphilis by arsenobenzol preparations is the most effective means for securing the patient's immediate disinfection as well as his progress toward cure.

And even when the elementary personal infection is absent, it can be argued with justice that the prompt and efficient medical treatment and nursing of the sick not only diminish the duration of individual disability, but prevent the improverishment and enfeeblement of other members of the same family.

But for an increasing proportion of the total sickness of humanity, total prevention is now possible, and I need scarcely cite the almost complete disappearance of typhus in western nations in peace time, the rapid decline of enteric fever, and the improvement in regard to a large number of other diseases. The number of preventable diseases is being steadily increased, as investigation progresses, and as our knowledge of the already ascertained laws of health increases and becomes disseminated among the general population.

It was, therefore, a happy inspiration of Mr. Davison, the president of the American Red Cross, which led to his calling together the international conference of Red Cross Societies at Cannes, with a view to considering means by which the world-wide activities of Red Cross workers might be utilized for the prevention of illness as well as for the treatment of sick and wounded mankind. It is a vision of the future which, I think, will have a great influence on the welfare of mankind if, as I am confident will be the case, the conception fires the souls of the multitude of Red Cross workers and contributors in every civilized

country, and leads them to determine against demobilization of their forces and to continue their beneficent activities against the horrors of peace, which, in the aggregate, are even more serious to mankind than those of war.

The statement that the devastations produced by disease in times of peace are even greater than the loss of life from war, may be illustrated by the experience of England and Wales. In the four years, 1911-1914, immediately preceding the World War, 2,036,466 persons died in England and Wales, while, according to official figures, the total loss of men, during the four and one-fourth years of war, was 835,743, including 161,800 presumed dead. The war figures give the entire loss for the British Empire; but it cannot be far from the truth to state that war on the gigantic scale of the war from which we have just emerged has killed in Great Britain about one-third as many as have died in the civilian population in a corresponding period. I do not lose sight of the fact that a large proportion of the civilian deaths occur in ripe old age, and that 28 per cent. of the total civilian deaths occur among children under 5, while those destroyed by war are adults and the most virile of our race. But the greater part of the deaths in childhood, as well as in adult life, before old age is reached, are preventable; and in the future will be prevented, given adequate research, intelligent and unsparing application of knowledge already in our possession, and an avoidance of the public parsimony which in relation to public health constitutes the most serious form of extravagance. That is the ideal which Mr. Davison and his collaborators place before us, and it was to devise plans to this end and to enlist the continued co-operation of all Red Cross workers that the conference was called at Cannes.

The conference held a number of general meetings in which the general policy to be pursued was discussed, and then divided itself into sections dealing with the following subjects:—Preventive medicine, child welfare, tuberculosis, malaria, venereal diseases, nursing, information and statistics. These sections were not selected as covering the entire ground of preventive medicine, but as forming branches of work in which early investigation and action appeared to be most desirable.

But first of all the lines of general policy were discussed. It is evident that, although measures for the prevention of disease constitute a definite governmental function, neglect of which is treason to the communal welfare, even in the more advanced countries our governing bodies have not lived up to their potentialities. In scarcely a single sphere of its work can it be said of any government or of any local authority that what could be done to prevent disease and to avoid human suffering has been completely accomplished. To say this is merely to express the imperfections of humanity, singly, or the greater imperfections of com-

mittees and councils entrusted with the public purse and the public weal.

There is, and I think always will be, ample scope for supplementation of official work by voluntary workers, for the experimentation in new and promising work which is so difficult to initiate in official circles, and for the undertaking of necessary work by devoted volunteers when public opinion and officialdom refuse to undertake it.

This disposes of the argument that Red Cross activities in the prevention of disease merely prevent the development of official work. The true object of all voluntary workers is to stimulate official public-health work, and, when in any sphere the latter is fully developed, to welcome the disappearance or reduction of voluntary unofficial work, or seek the new means of social help which are always waiting for devoted workers to initiate.

The conference agreed that the new work of the Red Cross would naturally divide itself into two parts, an international bureau and national organizations. The duties of these and their relation to each other will be more clearly seen in the light of experience. The international bureau in the scheme proposed for the consideration of the conference, and which received general approval, would act as a great centre for collecting information on various public health subjects, and for digesting it and, subsequently, for distributing it by means of special publications, or periodical journals, or on application from those requiring specialized information. It would also act as a means of educating the general public on urgent problems affecting its welfare; and it would be utilized as a centre, organizing in less favoured communities missions which would undertake local investigations and remedial work. These surveys and activities would be intended rather as demonstration centres than as permanent organizations, the intention being to withdraw them as soon as the necessary work could be carried on by local Red Cross or other organizations.

It was suggested that the central bureau should comprise a number of branches dealing with epidemic diseases, tuberculosis, venereal diseases, child welfare, nursing and other subjects; collating and analysing information and distributing it through the medium of the National Red Cross of each country. Such a central bureau it will, I think, be agreed, will be of the greatest value to all social and public health workers, while not clashing with any existent agency.

The proposed organization of Red Cross agencies for preventive work has already received an imprimatur in the draft of the league of nations; and it would be appropriate that its headquarters should be near, if not side by side with, the future home of that league. If it receives the full development for which we hope, it will form, perhaps, a chief instrument in securing peace and continued happiness for mankind. The relation

of the central bureau to National Red Cross societies will be one of mutual co-operation. The central bureau will provide information and facilities for national work; the actual work will need to be carried out in each country nationally and in the main from funds supplied from that country.

It is not intended that the National Red Cross shall undertake, much less compete with, work already being carried out either by local authorities or by existing voluntary work. If, for instance, there is a society concerning itself with child welfare, or the prevention of tuberculosis, or of venereal diseases, the National Red Cross would naturally give assistance as it could through its voluntary workers in this special work, while leaving untouched existing arrangements. If no such societies existed the National Red Cross might advantageously assist in their formation, retiring as soon as the separate organization was working. In countries in which official and existent voluntary agencies scarcely exist, more active work of the Red Cross organization will be called for; in such countries assistance may be needed from the central international bureau.

Evidently there are many points of central and national administration requiring and now receiving fuller and more detailed information, and all that need now be said is that it appears to be certain that international and national Red Cross organizations which will concern themselves with the prevention of disease as well as with the relief of suffering will be formed, and that they will have great influence in hastening the reduction of human disease.

The second week's deliberations of the conference at Cannes were filled with meetings of committees of experts and more formal sectional meetings, at which lines of policy on certain specific subjects were formulated for the later deliberations of Red Cross societies in Geneva.

It is unnecessary to summarize in detail the scientific recommendations in various subjects. It may suffice, as indicating the wide scope of the field of work about to be surveyed, that among the more urgent problems of preventive medicine, priority was given to advocacy of combined efforts for the prevention of the major ills of mankind, of the provision of laboratory assistance in the diagnosis of disease, and of securing more accurate vital statistics and improvements in public health legislation.

In child welfare work, the importance of health visiting, of child welfare centres, of an improved midwifery service, and of continuous observation of children under school age as well as of scholars was emphasized.

In regard to tuberculosis, stress was laid on the essential points that measure against this disease. The scope of this work must embrace the

whole of the sick lifetime of the patient, and must include, when necessary, measures for obviating the results arising from the fact that the partially recovered patient commonly is unable to earn an economic wage.

In the prevention of venereal diseases a similarly wide outlook was advocated, including the necessary social and moral as well as medical measures against their spread.

In the preceding brief statement I have endeavoured to indicate the main outlines of the proposals considered by the Cannes conference. My statements are merely those of a participant in the conference; and it is evident that outside of the momentous decision to endeavour to retain the forces of Red Cross organizations and to secure their assistance in the great impending struggle against disease no final decisions have been made. The growth of the central and of each of the national organizations in the desired direction must necessarily occupy time, though I believe development will be rapid once the great ideal is visualized clearly by Red Cross workers in each country.

I have referred in an earlier part of these remarks to the imperfections of governments, central and local, in the control of disease. These imperfections indicate one of the most promising fields in which voluntary agencies like the Red Cross can assist toward greater efficiency. Both local and central authorities are elected by the people themselves and the laws and regulations for the promotion of the public health—and what is even more important, the enforcement of existing regulations—depend for their efficiency on public opinion which we can all assist in forming. The natural tendency on the part of the social enthusiast who has been disappointed in his efforts at reform is either to retire from the fight or to organize a voluntary organization having the same end in view. This last may sometimes be the best line to pursue, though in that case endeavour should be made to secure friendly relationship with, if not also the active co-operation of the local authority. But often the most hopeful plan is to fight the local elections and to secure the election on local governing bodies of men and women who will give those bodies no peace until the necessary reforms are secured.

If we are to be helpful we must be kindly and charitable in our criticism of local authorities. Nothing has made it so difficult to secure good men and women to undertake the burden of local government as the undiscriminating and uncharitable criticism aimed at those engaged in it. Criticism of members of our central and local governing bodies is not seldom deserved; but critics are too often those who will give no assistance in the work which, with insufficient knowledge, they vilify. When we hear of scandal in administration, let us have a sense of proportion, remembering grosser corruption, evidenced for instance in Pepy's Diary, and especially remembering that the best way to remove

corruption is by taking a part ourselves in the work of central or local government, or by steadily upholding those who are doing so with integrity.

The onlooker, whether it be on voluntary or on official work for the commercial good, has his duty to perform as well as the worker. It is his duty to make himself acquainted with local conditions and with local administrations, even though he takes no part in it. A chief need at the present time is an interested study by every adult of all the phases of local administration in each district; and in my view, Red Cross organizations will be rendering inestimable service to the community if they succeed in educating the public conscience to this effect. Increased local patriotism is urgently needed if the prospective fight against disease by the Red Cross societies is to succeed, and if the further triumphs of preventive medicine within our reach are to be secured. To this end enthusiasm will need to be infused into public health administration as well as into the work of voluntary agencies; and it is only by developing all the possibilities of our governing bodies as well as of voluntary societies and by securing the closest co-operation between the two that the new ideal of the Red Cross organization can be realized.

Some Opportunities for Health Service from a Volunteer's Point of View

Miss Helen R. Y. Reid, B.A.
Canadian Patriotic Fund, Montreal

THE revelations of war have speeded up the machinery of peace and in no way and to no extent more markedly than in the direction of national and international health. Not only has the awful toll from death and disability due to the war to be made good, but from disease that has been sapping the lifeblood of our nations for years.

Examinations of recruits for the army has provided the world with a startling picture of hundreds of thousands of its apparently able-bodied men unfit for service on account of some physical defects of eyes, ears, feet, etc., which might have been remedied in early childhood. Fifty per cent. of our Canadian "draftees" are reported as having had some defect. No statistics are available for the number of volunteers refused or drafted out of the Canadian army, because of physical defects. Great Britain turned down, as unfit for military service, one million men of fighting age, with whose help we might have won the war a year sooner, if they had received some slight medical attention in early youth. Examination of recruits has also shown us the human wreckage and waste due to tuberculosis and venereal disease, and has emphasized the prevalence in our midst of the mental defective. To quote from the United States records: "More than 20,000 men were discharged from the army camps because of *tuberculosis*. The number rejected by the draft boards for the disease is really 100,000. In a period of 53 weeks in 1917-18 there were 178,204 cases of venereal disease reported under treatment in the United States Army in this country, only 15 per cent. of which were contracted after enlistment". It is estimated that there are two million active cases of tuberculosis in the United States, and about 300,000 *feeble-minded* and 240,000 insane. (The Survey—New York). These data from American records are paralleled by similar ones in all the countries which have been at war, and they warn us signally of the actual imminent physical degeneration of the race).

Revelations such as these have challenged the attention of governments and individuals alike. Followed as they were by the ravages of the influenza and by the unequivocal admission in every country of unpreparedness and of inadequate machinery for handling epidemic

situations of such scope and virulence, it did not take long for public opinion to demand national action. As a result, *Ministries of Health* have been or are being established in Great Britain, Canada and the United States. Opportunities for Social Health service, professional and volunteer, in co-operation with the work of the governments, national, provincial and local, will, thereby, be increased in both number and scope.

Infantile Mortality a Challenge.—Canada has lost 60,000 men in the war. She is losing more children—potential citizens—(35,000 according to "Social Welfare," Nov. 1918) annually through neglect, ignorance and indifference than she lost men annually in the war. In the 19 months the United States was at war 53,000 of their men were killed. The children's casualties at home for the same period were 473,000. In one of our big industrial centres the rate of infantile mortality stands at 177 per thousand (1918) as compared with 100 in the registration area of the United States (1916), 91 in Great Britain (1916) and 48.2 in New Zealand (1917). A soldier father from this city had ten times the chance to live facing German bullets than had his baby born in 1918.

The United States, challenged by war, found that not only were they about to lose many of the youths of their land, but that they were letting die about 300,000 babies and 15,000 mothers in child-birth annually. The alarm once sounded, action was soon taken. *Children's Year*, 1917-18, started out to save 100,000 babies, and among the many practical measures advocated and used at this time was the weighing and measuring of 6 million babies while their mothers were advised how to bring them and keep them up to proper health standards.

When Baden-Powell was asked when he thought the war would end, he replied as follows: "The answer is simple: the war will be decided in 1935. For this reason, the true victory will lie, not so much in the actual tactical gains on the battlefield to-day as in the quality of the men who have to carry on the work of the country after the war. War kills off the best of a nation's manhood; therefore, extra care must be exercised to save every child—not for its own sake or for its parent's sake, but for the sake of the nation. It has got to be saved, saved from infant mortality, then from ill-health and finally from drifting into being waste material. We have got to economize our human material. Each individual must be made (1) healthy and strong, (2) endowed with character, for becoming a valuable citizen for the state. Women and non-combatant men have here as big a national work open to them behind the scenes as the men have who are playing their part so gallantly on the stage in Flanders and elsewhere".

What has Canada been doing to save its army of children? You and I are Canada! Are we prepared to answer this question with pride, not

shame? We, too, can have our Children's Year and weigh our babies and keep their health records! *Child Welfare Exhibits* may well and profitably absorb the patriotic zeal of many Women War Workers now out of a job. Clubs and churches may well supply funds to help operate *milk stations* and *baby clinics*, with visiting nurses attached, if the town or city lags behind in the public health movement or is not sufficiently well subsidized to carry out a proper health programme. Child Welfare Organizations should grow up with each community, and through their work and that of the Health Department, frequent and regular *educational campaigns* should be carried on through the Press, platform and schools, to reach the people and the homes where our babies are born and brought up by the mothers, often in total ignorance of the first laws of health.

Thousands of mothers in town and country are dying in childbirth each year for lack of proper pre-natal care and attention at time of confinement. Those who die are few compared with those who suffer preventable illness and life-long impairment of health. The loss to the nation, the home and the motherless babies is a fearful one. The care a mother receives during pregnancy and confinement, together with her condition at the time, determine very largely the vigour of the child and its resistance to disease. Babies whose mothers die in childbirth have much less chance to live than those whose mothers come through confinement safely. In the country the dangers in connection with childbirth are even greater than in the city, for, added to possible ignorance and poverty, is the factor of remoteness from hospital and skilled medical care, and the necessity to use and accept thankfully the help of untrained women. A systematic nation-wide plan is urgently required if we are to solve the problem of adequate care for mothers before birth and at the time of confinement. Such a plan was evolved in war-burdened England. The Local Government Board in August, 1918, had its powers extended to make grants available for "Hospital treatment for children up to five years of age, lying-in-homes, home helps, the provision of food for expectant and nursing mothers and for children under five years of age, creches and day nurseries, convalescent homes, homes for children of widowed and deserted mothers and for illegitimate children, and experimental work for the health of expectant and nursing mothers and for children under five years of age". The extension of consultation centres and an increased staff of well paid and properly qualified health visitors were also strongly urged.

For the big work of public health we shall need more *nurses*. This is another opportunity for patriotic war workers to dedicate their service to preventing the destruction and deterioration of our nation in peace time through ignorance and neglect instead of through war. To our

V.A.D.s., therefore, comes this "new call to arms" from the babies! What more appealing, more attractive and more truly patriotic work! It is hoped in this time of need that many of Canada's young girls, having found how sweet and good real work is, will flock to the doors of our Hospital Training Schools and complete their course, so that they may continue their social service of preventing illness and of saving life, more fully equipped for this service than in the past. The *hospitals*, too, must do their part and swing wide their doors for an extended training service in Public Health.

School Children.—Our babies, if they live, become our *school children* and depend for supervision and care no longer wholly on their mothers, but on the school teachers as well. They are supposed to arrive at school sufficiently fed as well as cleaned and clothed. With the uncertainty of regular wages on which depends the amount and regularity of food for the family, and with the certainty of varying capacity of motherhood, natural, as well as affected by inheritance and environment, many children are handicapped from the beginning of life, and undertake their school career with a minimum or less than a minimum health equipment. Underfed children cannot properly assimilate a.b.c.'s if they have not had the opportunity of assimilating milk and porridge. *Malnutrition* is a definite departure from health and should be recognized as much as tuberculosis. The Child Health Organization of the United States has an amazing record in less than a year's service of concrete achievement in attacking this problem. (Send for their "Rules in the Game of Health"), their "Class Room Weight Record" and the "Teachers' Service Booklet" and use them as propaganda material in your homes, clubs and schools. Medical inspection and follow-up work in the homes should supplement the careful supervision of the interested teacher.

Recreational facilities in school playgrounds and the use of the *school plant as a centre for community* activities in both town and country should be encouraged and developed with enthusiasm. Here is another great opportunity for individual or group service to furnish equipment or even to put in a trained play director who would develop the use of the school socially for adults as well as children. Chapters of the I.O.D.E. Women's Clubs and Red Cross Units, now closing up a period of war interests and activities, should find here a fruitful field for constructive and productive work.

With all these advantages a city child may later enter the industrial world with his or her health fairly well established. But here, too, the co-operation of the state, the public and the parent is necessary, if we are to procure the best kind of work with the least loss and wear and tear of the human machine. Child labour is intimately associated with

illiteracy, ill-health and poor home conditions. Unless suitable laws are established and enforced covering the factors of age, education, hours and conditions of work, the rights of childhood will inevitably be threatened and disregarded by both the handicapped or greedy parent and the rapacious and indifferent employer. Infraction of the laws should be reported, and co-operation should be given by every man, woman and child, in seeing that health regulations are enforced.

Community Housekeeping.—*Community housekeeping* is of prime importance, since pure and abundant *water*, a clean city, pure *milk* and *food* mean a reduced death and morbidity rate. We share the responsibility, however, with a lax town government, if we do not report to the Health Department, a Welfare Agency or Council or Social Agencies, real, not imaginary, causes for discontent in connection with these things. If our water or milk is impure, our children, as well as those of the slums, may drink typhoid germs and die. If food in our shops and markets is exposed to dust and flies, and we are willing to accept it under these conditions, we must not grumble if we sicken with tuberculosis or other communicable diseases.

Tuberculosis.—The appalling frequency of *tuberculosis* among the population in France which was revealed during the war is one among many contributory causes for the inspiring plan of the International Red Cross to dedicate its future services at the next Geneva Convention to the Health of the World. Tuberculosis, as well as other diseases, travels across continents and oceans in these days of a League of Nations, as in the days of darkness before 1914. Only by enlightened and applied and organized goodwill can we find the way out through the sad mazes and labyrinth of the tuberculosis situation. In 1918 Canada lost over 8,000 lives as the result of tuberculosis. One quarter of all who die between the ages of 20 and 50 are victims of the great white plague. While waiting for some action on the part of our new Health Department, you and I can assist by joining an anti-spitting league, and by helping to provide with money, interest and work for educational propaganda, for adequate nursing and hospital care, and for open-air schools and day camps for those suffering or threatened with this disease.

Venereal Disease.—Public action is of the utmost importance; not only in connection with infantile mortality and tuberculosis, but also in connection with venereal disease and the feeble-minded. Public opinion is at last justifying open and frank discussion by serious minded people of the sore question of *venereal disease*. Life has become too precious in the eyes of the state to risk its loss or the permanent impairment of its productive capacity because of a prudish reserve in discussing life's handicaps and dangers. A study of our army records awakens us to the need and importance of active preventive measures in this connection

and to the facts, that bad as this disease is or has been among our soldiers, it is still worse among the civilian population, and that a large percentage of death, sterility and insanity can be traced to this cause. Has your community awakened to this danger and to their need of education and protection in this connection? Is your province one of those fortunate and progressive ones that have in force an Act in regard to venereal disease? Are you familiar with its clauses?

IMMIGRATION AND THE FEEBLE-MINDED.—It has been urged that there will be no emigration from the war-stricken countries of Europe for several years on account of the need of workers there, and it has been argued that our country, needing more people to develop its marvellous resources, should open wide its doors and welcome all who will come in. The dangers of unrestricted and non-selective *immigration* are so obvious that it seems almost unnecessary to sound a note of warning; yet when we realize that arrogant steamship and railway companies share with greedy individuals the profits of commercialized immigration, it may be well to quote a few facts from the point of view, not of money-making, but of health, which bear on this problem. A study of the population of our gaols, insane asylums, hospitals and courts bears witness of the presence in our midst in startlingly large numbers of dangerous and defective aliens. In one province of Canada the *gaol population* in 1918 was 23% Canadian and 77% from other countries. In the same province the population in the *insane asylums* was 35.21% Canadian; 28.52% British, and 36.27% from other countries. The nationality of 269 unmarried mothers in two hospitals alone showed 25.76% Canadian and 44.23% British. From one private immigration home in England there came 25 feeble-minded girls of whom 24 had illegitimate children, 5 had venereal disease and 2 had 2 illegitimate children. Only by giving hearty support to improved immigration legislation and by educating public opinion in such matters through the National Committee for Mental Hygiene and other organizations working along these lines (National Council of Women, Y.W.C.A., etc.), can the health of the nation be safeguarded and its mental and physical basis be assured. Our peace days must be days of progress and eternal vigilance or by the Law of Competing Standards (MacKenzie King) the common or baser human metal and types may, if permitted, oust the higher types from the fields of labour and the occupations of our land. Not only should prevention of the entry of defective and diseased immigrants be assured by the government and its careful executive officers, but care should also be provided, as well as a fitting welcome, for the desirable immigrant. Opportunities for active participation in such work for the domestic immigrant will doubtless be offered locally and provincially by semi-official committees who will assist in the establishment and direction of hostels or guilds for these women as soon as immigration begins.

Liquor Trade.—*Proper control of the liquor trade is a necessary* plank in any good health platform. The war has again made contribution to the social machinery of peace time by showing the absolute need of proper national control in order to maintain the efficiency and health of the soldier while on service. Sympathetic individual study of local and provincial needs and regulations should antedate national movements in peace time. It is a question in this, as well as in all other social problems, as to whether the government of the country should lead its people and assume paternal authority and by Act of Parliament decree total prohibition, or whether now that the war is over, the powers of local option should remain intact for the provinces. There is no doubt of a democratic support of temperance; there still remains a doubt as to the adoption of total prohibition. A study of European conditions under beer and wine edicts as well as a study of states and provinces under total prohibition may serve to throw light on this vexed question. Have you formed your judgment hastily on personal experience alone, or have you studied and thought about this important subject along national and international lines?

Mothers' Pensions.—*Mothers' Pensions and State Health Insurance* are already established social facts in certain countries. Canada is feeling her way wisely though slowly along these and other social lines. Since 1913, when the first Mothers' Pension Law went into effect in Illinois, 36 states of the American Union have enacted Mothers' Pension laws. The primary object of these laws is to maintain the home for the sake of society and the children. Through the death of the husband and father or his incapacitation by illness, or his desertion, the support of the family falls on the mother and children. Institutional care or neglect of home follows if the mother goes out to work, and the home life is weakened or wrecked. If the children work they are subject to all the physical and moral dangers of the labour world and are deprived of the education which is their right. Mothers' pensions are a practical way of meeting the situation, as they prevent the home from being broken up from reasons of poverty and they enable the children to go to school. Are there any widows with children in your community, who are obliged to work to keep themselves and their family, and who by so doing are obliged to forfeit the privileges and duties of motherhood—those of homemaker, counsellor, protector and friend? Already some of our provinces (Alberta, Saskatchewan and Manitoba) have mothers' pensions in operation and look forward as a result to a higher family standard along the lines of health, education and conduct.

Health Insurance.—Ten European countries, including Great Britain, put *Compulsory Health Insurance* legislation into effect before the outbreak of the European war. The American Association for Labour

Legislation has a standard bill waiting to be put into effect. All the laws cover practically all low paid wage-earners. In the case of sickness the insured will receive medical or surgical service, medicines and nursing and a cash benefit for a minimum and maximum term. Benefits are paid for by the joint contributions of the insured employee, his employer and the state. For the poor the obstacles to recovery from illness are largely economic—insufficient food or other necessaries, worry over making both ends meet, and the consequent necessity of a premature return to work while still half sick. Health Insurance gives the workman a chance for recovery. Health Insurance operates to prevent illness in the same way that Workmen's Compensation has operated to prevent accidents. Just as employers have installed safe-guards for dangerous machinery in order to reduce the cost of Workmen's Compensation, so in order to reduce the cost of Health Insurance they will supply, for instance, better sanitation, ventilation and lighting, more physiological hours of labour and fuller consideration for the special needs of employed women and children.

Personal Hygiene.—Of all types of hygiene there is none more important than individual and personal hygiene. On personal hygiene depends the death rate from the degenerative diseases, those diseases which we might call wear and tear diseases, and which are the by-products of civilization. They include cancer, arterio-sclerosis, Bright's disease, etc., which we are told are chiefly due to bad personal habits. The death rate from these degenerative diseases in the United States registration area increased 41% in 20 years. A proportionate increase may surely be noted in Canada. This is due to the fact that while Health Boards have been fighting infectious diseases, we have not been fighting the wear and tear diseases. Public hygiene and industrial and institutional hygiene can and will always be an immense part of the existing health movement, but it must rest in the end largely with the individual if he cares to live hygienically in order to live long and to live well. Too much food, too much soft food at irregular times, too little or too much clothing, late hours, stuffy houses, over fatigue, bad posture, too much and too little work and play, all these things and habits are so familiar that we treat them as part of our so-called regular life and resent the idea of change. In the February, 1919, report of the Toronto Board of Health we read: "the wasting diseases of middle life are causing one hundred per cent. more deaths now than they did thirty years ago". The Report on National Vitality of the Roosevelt Conservation Commission (1897) estimated that 42% (630,000 lives) were needlessly lost every year to the United States and that at least 15 years of life might be added to human life through their knowledge of hygiene. One-third of the estimated progress was reached in the State of Massachusetts by

1910, when the expectation of life in that state had increased 5½ years in the period of 15 years after the report was made. Opportunities to improve our personal hygiene are open to us on every hand. The Life Extension Institute of New York will furnish on request printed rules and information to those who desire to take up this study and to those who may require strengthening of purpose in their will to live well. Canada wants and needs you to be a healthy citizen! You will like it better yourself! As Emerson expressed it: "Give me health and a day and I will make the pomp of emperors ridiculous".

QUESTIONS ON HEALTH

1. Do you know the birthrate and the death rate in your community, and if it compares favourably or unfavourably with that in other places?

2. Have you a Welfare or Health Council to supplement and stimulate the work of your local Health Department? Has such a council made a survey of health conditions from the point of view of prevention rather than cure, and have their constructive recommendations borne fruit as seen in a higher standard of community health?

3. Do you know what diseases are most prevalent in your community and what measures are taken against them?

4. Is there good medical inspection in your schools by doctors and nurses, with follow-up work when necessary in homes? What published reports have you from these inspectors? Is your Health Department sufficiently subsidized to do this work in a thorough and efficient manner?

5. Have any of the schools in your town made provision for providing lunch—free or at a nominal price—for the children?

6. Have you adequate hospital and dispensary accommodation with ample provision for free treatment?

7. What health standards are guaranteed in your gaols, insane asylums, children's homes, homes for the aged and other institutions; guaranteed for these dependents, delinquents and defectives, by a society that is so largely responsible, through ignorance, indifference or neglect for having these wards of the State dependent on its intelligent sympathetic care and generosity?

8. Who looks after the disposal of garbage and the cleaning of streets in your town?

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A Plan for a More Effective Federal and State Health Administration.*

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Introduction

IT is not only desirable but an essential prerequisite of social progress that inquiry shall be made from time to time concerning the present value and the further perfection of existing methods or instrumentalities ministering to human welfare and human wants. Health is so obviously of the first importance that its protection and more or less effective conservation have from time immemorial been made at least a matter of individual, if not collective, concern. Most of the so-called health legislation from the earliest times to the present day, however, has been concerned with the correction of ascertained sanitary or related imperfections, rather than with anticipatory action having for its purpose the prevention of disease and premature death. Much of what is called preventive medicine, even at the present time, is in the direction of prevention of further damage and harm rather than of a character deliberately designed to preclude the occurrence or inception of dangers which so frequently, and practically continuously, threaten the individual and collective welfare in what, for want of a better term, is comprehended as the vast field of public hygiene. The fact must not be overlooked that in its origin, every modern public health organization rests primarily upon the principle of quarantine as applied in the case of recognized infectious or contagious diseases, and the, if necessary, drastic exercise of the police powers on the part of the Government, the States, and the civil subdivisions thereof.

The Quarantine Basis of Public Health

Probably the earliest quarantine legislation in this country was adopted by the General Court of Massachusetts in 1647 or 1648, to prevent the introduction of the plague (probably yellow fever) "which was then devastating the West Indies". Unquestionably, and in a large measure, effective quarantine regulations, whether maritime or local, constitute, however, but a fraction of modern health legislation, which has gradually been extended from communities to persons and which now comprehends every conceivable sphere or function of individual

*A consolidation of papers read before the Commonwealth Club of San Francisco, October, 1918 and the American Public Health Association, December, 1918.

and social life. Even an enumeration of the subject-matter of modern public health activities would unduly enlarge upon the present discussion, which is chiefly concerned with future possibilities rather than with past achievements. What is to-day understood as health conservation concerns largely such anticipatory action as by general consent seems feasible of enforcement, if not in the form of specific statutory requirement, at least in the nature of improved personal conduct in matters concerning both personal and public hygiene. In the broadest sense, therefore, modern health activities have become largely educational, with a view of securing on the part of each and all concerned a better understanding of the principles which govern in the attainment of better health and greater freedom from disease, a more perfect adaptation of the human organism to its environment and a substantial prolongation of life. The acceptance of this principle has enormously increased the sphere and the function of public health administration and made perfectly obvious the inadequacy of existing methods, whether Federal, State or municipal, to effectively serve the true interests of all the people. What in former years, when the nature of epidemic diseases was not understood, was a necessary exercise of the police powers has in modern times become of rather secondary importance. All that is generally comprehended under so-called sanitary legislation, such as the burial of the dead, the control of nuisances, the protection of water supplies, sewage drainage, etc., is no longer within the realm of debatable public consideration, but is accepted as a paramount necessity of and the rightful prerequisite to a wholesome community life. Even though the principle has not as yet been generally accepted that failure in these matters on the part of the responsible authorities should constitute an indictable offense, it is nevertheless a safe conclusion that such a view is gaining ground, and a number of court decisions seem to settle the question that every community is in duty bound to furnish pure water, to abate dangerous nuisances, to prevent the further spread of communicable diseases, etc.* But practically all that concerns the health of the individual and his or her own physical well-being, is still considered primarily and essentially a matter of personal concern only.

*The early history of quarantine as a basis for a public health organization is unquestionably of much practical interest, even at the present time. One of the most instructive papers on the subject is a discourse by Richard Mead, M.D., "Concerning Pestilential Contagion, and the Methods to be Used to Prevent It," an eighth edition of which was published, London, 1722. Referring to the dangers of disease spread by means of infection through the medium of commercial intercourse, Mead took occasion to point out that "By the preceding cause [goods from infected places] the plague may be spread, from person to person, from house to house, or perhaps from town to town;

The State in Relation to Individual and Physical Well-being

It is of the utmost importance that this distinction should be kept clearly in mind in all discussions of a broader national and state health policy. It may then be said that instead of the individual of to-day being concerned chiefly in the efficient performance of an important but limited state function regarding himself or his family, the modern conception is rather the reverse in that the government or the state is profoundly more interested in the most successful adaptation of each and every individual to his or her environment, be that what it may. Once that this as yet but very imperfectly conceived principle is generally approved, the urgency of a complete remodelling of our Federal and State health organizations becomes self-evident. In answer to the argument that such a change would be revolutionary and opposed to traditional conceptions of the freedom of the person, the reply is that quite to the contrary, a much lesser degree of public and private interference will become necessary, once that the required co-operation of *all* the people in the furtherance of collective health measures is secured. As has been well said by one of the very foremost American authorities on the theory of the state and in defense of decidedly higher conceptions

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but this carries it into the remotest regions. From hence the trading parts of Europe have their principal apprehensions, and universally have recourse to quarantines for their security."

In 1834 there was published in Boston an essay on "Quarantine and Other Sanitary Systems," by Chas. Caldwell, M.D., in which the question was raised as to whether the restrictions imposed upon vessels entering the port of Boston, "called Quarantine Laws," are really useful, and if so, in what cases they should be applied. The author frankly concedes that he is no friend of quarantine laws, probably in a large measure because of the irrational and arbitrary manner in which quarantine regulations were enforced at that time, to the serious detriment of commerce and foreign intercourse. According to Caldwell, the practice of quarantine, though of ancient date, had its practical origin, at least in the modern sense, in a papal decree issued at the time of the Council of Trent by Pope Paul III (A.D. 1545). The author's forecast, that quarantine "in time to come will be known only as a matter of history and will be quoted by posterity as evidence of the error and superstition which had once held dominion over the minds of their forefathers," has not materialized during the many intervening years. Quarantine systems, however, have been substantially modified, and since 1850 the subject has been considered at eleven international conferences, the latest of which was held in Paris in 1903, and a plan was ratified in 1907 and is now in active operation in twenty-three countries, including the United States.

In a special report to the Parliament of the Commonwealth of Australia by Dr. W. Perrin Norris, issued in 1912, on "Quarantine Requirements," based upon an international survey, the statement is made that "The quarantine organization for the prevention of the introduction into the United States and its dependencies of disease from oversea and its spread from State to State must, in my opinion, be admitted to be the best conceived and most complete in the world. It exemplifies the most logical applications of the principles of quarantine."

of human society, properly conceived as an incorporated association, inclusive of all the persons composing it:

> "It has been found out by experience that *the whole*, by its superior organization, can do some things to which individuals are unequal"; and furthermore, "Will it be said that by such state action individuals are not alike benefited, and so there is a sort of injustice in it? The ready answer is that this is unavoidable, and that no one of these modes of action ought to pertain to society and the state which on the whole does not contribute to the common good. When courts are instituted for the redress of wrongs, multitudes go through the world who may never have been wronged, and yet were there no courts they might have been wronged daily. Public roads are of no direct good to those who never travel. Great breakwaters and a system of lighthouses help shippers only, in the first instance, and men complain of taxes for such constructions, forgetting that, apart from humanity aiming at the safety of sailors, the prices of imports would be affected by the greater risks of vessels."*

Substitute in these illustrations the health of the community as represented by the wide range in the physical well-being of the vast multitude which compose it, any one or all of which are affected to a varying degree by the measures adopted as likely to benefit or improve it, and the parallel is reasonably exact. In other words, the health of the individual, his physical well-being, his strength of disease resistance, his immunity to infectious or contagious diseases, his successful adaptation to ever-changing environmental conditions, etc., should be made the primary concern of the future state, instead of being a matter of mere incidental consideration, as is practically the case at the present time.

New Principles of Health Administration

Under such a conception the modern health department would assume the functions of a general health *administration* concerned with *all* the matters which affect the health and physical welfare of the people, and not merely a function sustained almost exclusively by the police powers of the Federal Government or the State and limited in its actual effective operation to a comparatively small, however supremely important, group of activities. No plan as yet proposed by any one concerned with these matters rests upon such a new principle, or set of principles, but, one and all, the proposals for changes or reforms are merely a modification of a thoroughly restricted theory of health

*"Political Science or The State" by Theodore D. Woolsey, New York City, 1877, vol. 1, p. 215.

control, conditioned chiefly by the principle of public quarantine and the control of the person under the police powers when found to be afflicted with some contagious or infectious disease and the control of the environment in matters of obvious public nuisances menacing the health of the people in more or less clearly perceived directions.

Considering that all organized Federal and State health activities are of comparatively recent date, that the earlier boards of health were chiefly concerned with the temporary control of great epidemics, that even so advanced a State as Massachusetts has had a State board of health only since 1869, reorganized in 1886, and that our present Federal public health service dates only from 1902, when broader health activities were granted in the act excluding immigrants affected with loathsome or dangerous contagious disease, and subjecting such immigrants to medical examination, the progress which has been made is profoundly gratifying, however regrettable it may be that a more thoroughly worked out system, resting upon *new principles* of personal and public hygiene, should not long since have come into existence. Yet it has been properly pointed out with reference to the first State board of health of Massachusetts that the same was commanded to take "cognizance of the interests of health and life", and that it was only made a secondary function of the board to study the cases of disease and death. As stated by Prof. Whipple, in his work on "State Sanitation," "The order in which these subjects are named is not without significance. Health is a great issue, and health is something more than the absence of disease. Health demands not only freedom from disease but a clean environment, comfortable and enjoyable conditions of life, suitable food, satisfactory provisions for work and play and for the raising of children", but health is infinitely more than this. Prof. Whipple himself was under the influence of the earlier conception that the functions of a State department of health are primarily concerned, as of course at the time they had to be, with the control of the environment in its relation to the present. The view, however, to be emphasized, and as far as practicable to be supported by the required evidence, maintains that the primary duty of the modern state is to concern itself with the welfare of the person and the successful adaptation of each to his environment, be that what it may; for the wide variations in environmental conditions make absolute uniformity in law and legislation and in rules and regulations on the basis of so-called "standards" frequently undesirable. It has been said in this connection, though, of course, subject to qualification, that, as regards the health of the individual, "The question of muscular strength, of girth of chest, of size, has naught to do with health, the sole test being the adaptability of the body to continue under the circumstances of life in which it is placed—*i.e.*, under its

environment". Just because it is so easy and convenient to live by a good rule rather than by trained intelligence, in the light of a thorough understanding of bodily functions, their limitations, their possible impairment, exceptional strength or weakness in individual cases, existence by a hard and fast rule is as likely to prove disastrous as, conversely, it is by disregard of common sense requirements applicable to one and all. For, as further said by Dr. A. E. Bridger, in his treatise on "Man and His Maladies or the Way to Health":

> "It follows as a necessary corollary that there can be no general arbitrary standards such as our one-idea men are so fond of assuming, no one perfect diet, no one perfect mode of life, no one fixed amount of ozone in the air, which would, had man but the grace to follow their wise counsels, regenerate mankind, and make all men healthy, wealthy and wise; and that no fixed one combination of these would, or could, ever suffice to that end; and this simply because, as no two men coincide precisely in construction and in the amount, variety, and distribution of forces within the body, no one set of conditions can possibly be adaptable to the whole mass of humanity."

Physical Anthropology and Health Progress

There is a profound truth contained in the foregoing sentence which has, broadly speaking, been ignored in most of the educational efforts carried on during recent years in public health activities, in which, in theory, an average man or an average human type is assumed, although, as a matter of fact, such a concept is merely statistical or philosophical, but never real. *Man* defies analysis and subjection to the rigid principles deduced from a study of collective phenomena. After all, every man or woman is, first and last, an individual, and though by means of statistical methods certain average types are clearly to be differentiated from other average types, yet nevertheless there is nearly always a major portion of similarity, at the one extreme, and a major portion of pronounced variability, at the other. In the words of Prof. Alfred C. Haddon, in the introduction to his admirable treatise on "The Study of Man":

> "It seems strange that man should study everything in heaven and earth and largely neglect the study of himself, yet this is what has virtually happened. Anthropology, the study of man, is the youngest of the sciences, but who will say that it is the least important? We may, perhaps, find one reason for this neglect in the peculiar complexity of the subject and the difficulty there is in approaching it from a dispassionate point of view; there are so many preconceived opinions which have to be removed, and this is always a thankless task. Even now the scope and significance of anthropology have scarcely been recognized."

The health service of the future, I am fully convinced, will rest more upon the teachings and the practical conclusions of anthropology, and particularly physical anthropology, as chiefly concerned with the ascertainment of the normal human physique, normal physical standards of bodily proportions and growth, and observed departures therefrom, especially during the early years of life. In brief, I believe that a rational health administration, concerned primarily with the health of the individual, must have its beginnings in a thoroughly well-worked-out department of physical anthropology, devoted to the eminently practical task of supervising the growth and development of the nation's childhood, continued through the period of early and late adolescence, inclusive of the entrance into industry or whatsoever vocations or pursuits or activities may be followed prior to the attainment of complete maturity.*

In 1904 a classical report was made by an exceedingly able departmental committee appointed by the British Government to inquire into the subject of physical deterioration. The recommendations made by that committee, however, were contemptuously disregarded! Had they been followed, there would be less anxiety to-day concerning the future physical well-being of the people of the United Kingdom. The conclusions advanced by that committee are applicable to every civilized and more or less industrially developed country. Among the principal recommendations of the committee were (1) the suggestion for an anthropometric survey, which should have for its object the periodic taking of measurements of children and young persons in schools and factories, (2) a register of sickness not confined to infectious diseases, and (3) an advisory council "representing the Department of State, within whose province questions touching the physical well-being of the people fall, with the addition of members nominated by the medical corporations and others whose duty it would be not only to receive and apply the information derived from the anthropometric survey, and the register of sickness, but also to advise the Government on all legislative and administrative points concerning public health in respect of which state interference might be expedient".

As a result of the war the subject of anthropology and national health is, however, receiving much more qualified consideration in England at present than at any time in the past, according to an article in the London *Lancet* of October 19th, 1918:

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*Some exceptionally valuable data on physical growth and development are included in the first three chapters of Prof. G. Stanley Hall's treatise on "Adolescence," New York, 1905.

"The first of a series of lectures on public health problems under war and after war conditions was delivered at the Royal Institute of Public Health on October 9th, 1918, by Prof. Arthur Keith, F.R.S., his subject being Anthropometry and National Health. The chair was occupied by Major Leonard Darwin. Prof. Keith said he did not believe the Prime Minister had done any greater service than when he drew attention in his speech at Manchester, on September 12th, to the fact that if the health of the people had been looked after we should have been able to put into the fighting ranks at least a million more men, and the war would by that date have ended triumphantly. The first movement in this country to ascertian the physical condition of the people was made by a committee of the British Association in 1875, which in ten years took measurements of 80,000 men, women, and children. After the Boer war General Maurice (Sir Ferderick Maurice's father) stated, in an article in the *Contemporary Review*, that out of every five men who presented themselves for acceptance as soldiers only two were found fit to bear arms. A surgeon-general of the time, after investigating the recruiting statistics for ten years, said they showed that of every 1,000 men who applied to become soldiers 400 had to be rejected. On the initiative of General Maurice the government appointed a departmental committee, which, after an eight months' inquiry, made a valuable report which recommended the setting up of machinery for investigation, but the report had been pigeon-holed. Conscription, however, had now placed us in possession of the figures in regard to the physical condition of the people. A population which deserved the term 'healthy' ought to yield the following per 1,000 men: 700 Grade I., 200 Grade II., 75 Grade III. (for sedentary work), and only 25 physically incapable. Yet a Midland manufacturing town produced only 200 Grade I, 250 Grade II, 450 Grade III, 100 Grade IV. And that was characteristic of many towns in the Midland and Northern counties of England and in the south of Scotland. Mr. Lloyd George's statement was found to be well within the mark. That was also true of the Premier's remark that the chief cause of the deterioration was in the home. Prof. Keith said he wanted to see a physical census of the people, and even after the setting up of a Ministry of National Health he would retain the Ministry of National Service, and he would have each country subdivided into areas, so that prevailing standards and ailments could be traced and investigated".

The most convincing illustration of the practical value of systematic physical examinations is the report of the Edinburgh Charity Organization Society on the physical condition of fourteen hundred school children in the city of Edinburgh, together with some account of their homes and surroundings. According to this inquiry the standard averages of the

Anthropometric Committee of the British Association for the Advancement of Science were found materially deficient, in that it was "repeatedly noted by Dr. Chalmers and others that Scottish boys and girls are usually above the average height of their neighbours south of the border" and that, therefore, "it need not cause surprise that country children and well-nourished town children exceed the standard height in a noticeable degree". In the same report attention is directed to the lesser heights of the children of certain schools, "many of whose chances of healthy growth are apparently spoiled for life before they begin to attend school, by bad conditions of the mother's life before and after the birth of the children."

Among other important investigations suggestive of the plan to be followed in this country is the report by Dr. W. Leslie McKenzie and Capt. A. Foster on a collection of statistics as to the physical condition of children attending the public schools, of the School Board of Glasgow, in which among other important conclusions, attention is directed to the extremely suggestive fact that "If we take all the children of ages from five to eighteen we find that the average weight of the one-room boy is 52.6 lbs.; of the two-room, 56.1 lbs.; of the three-room, 60.6 lbs., and of the four-room and over, 64.3 lbs. The respective heights are 46.6 in.; 48.1 in.; 50.0 in., and 51.3 in." For the girls, the corresponding figures were as follows: Weights, 51.1 lbs.; 54.8 lbs.; 59.4 lbs., and 65.5 lbs. The heights were 46.3 in.; 47.8 in.; 49.6 in., and 51.6 in."

Another suggestive contribution to this aspect of modern public health administration is the report of the Department of Health Instruction of New South Wales on the physical condition of children attending public schools in New South Wales, with special reference to height, weight and vision. In this report it is pointed out that in the first place there "were physical defects which interfered with the progress of the child's education, and in the second place, many children suffer from physical defects which escape the notice of parents until they pass a stage at which they can be easily remedied, while in the third place, there is a necessity for bringing promptly under control those complaints which break out in epidemic form among children". In other words, priority is given to physical over medical facts and the required first ascertainment of defects or deficiencies in physical growth and development.

In an admirable treatise, which as yet has received but superficial attention on the part of the medical profession and those engaged in public health administration, on "The Disorders of Post-Natal Growth and Development", by Hastings Gilford, F.R.C.S., it is said that a study of the subject in its wider aspects "must inevitably lead to the conclusion that most of the diseases to which we are subject are diseases

of growth or of development and that by far the larger number of them do not begin until after birth". The required advance in physical education, physical training and health conservation cannot make the rapid progress desired unless the course of procedure adopted is more in conformity to the facts and conclusions advanced by Hastings Gilford and others than is at present the case. All such extremely involved problems of child life as undergrowth or overgrowth, premature development or underdevelopment of sex, the disorders of growth of the skeleton, overgrowth of the thymus gland, the spleen and the lymphatic glands, etc., require for their possible correction and intelligent control a much better understanding of the more obscure facts of growth and development than prevails at the present time, even among members of the medical profession, otherwise well-informed in the several branches of medicine as a healing art.

Directing attention here to only a single illustration, such a work as the treatise on "Lateral Curvature of the Spine and Round Shoulders", by Robt. W. Lovett, M.D., illustrates the practical difficulties of really effective measures of treatment and control, in that it is said that the therapeutic measures employed in the past "have been on the whole largely empirical and have not been sufficiently correlated to its pathology and to the mechanism by which it is caused". The importance of research work in this unfortunately much neglected field was clearly brought to the attention of the public in 1916 during the nation-wide epidemic of infantile paralysis.*

*In consequence of the epidemic the subject of infantile paralysis, however, received a large amount of scientific consideration, and among the reports which have thus far been forthcoming the following are deserving of special mention: Transactions of a Special Conference of State and Territorial Health Officers with the U. S. Public Health Service for the Consideration of the Prevention of the Spread of Poliomyelitis, Bulletin 83, U. S. Public Health Service, Washington, 1917; Report on the Epidemic of Poliomyelitus in New York, 1916, published under the direction of the Department of Health of New York City, 1917; Epidemiologic Studies of Poliomyelitis in New York City and Northeastern United States During the Year 1916, by Lavinder, Freeman and Frost, Bulletin 91, U. S. Public Health Service, 1918. An exceptionally interesting report from the local viewpoint is a monograph entitled "A Municipal Sanitary Crisis, or How New Rochelle Met the Poliomyelitis Epidemic of 1916." From the international point of view a report by Dr. R. Bruce Low appended to the annual report of the Medical Officer of the Local Government Board for 1915-16, London, 1917, is of special value on account of the wide range of data considered.

To be continued.

A Preliminary Study in the Bacteriology of Jellied Meat Products.*

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JELLIED meats have given the authorities responsible for food control more concern than any other meat product. A number of cases of so-called ptomain poisoning have been attributed to the ingestion of spoiled jellied meat. From the 26th to the 29th of March, 1917, thirty-four cases of suspected meat poisoning after eating jellied tongue prepared in one establishment, and in two instances the meat was purchased from the same retail store. There was a striking similarity in the history and symptoms observed in each case. The following may be taken as a typical example: Within six hours after eating jellied tongue, the principal, five teachers, and fourteen pupils of a boarding school developed acute abdominal pains, and vomiting. There was no evidence of other gastro-intestinal disturbance. Although some of those affected were dangerously ill, there were no fatalities. The members of the households in which the cases occurred who had eaten ham or other meat instead of jellied tongue did not become ill. No systematic bacteriological examination of the suspected meat was made at this time; but it seems probable in view of the history of the cases that the meat was responsible for the outbreak.

The preparation and handling of jellied meats is also an economic problem. The loss from spoilage is estimated to be about four per cent. of the total output, and this waste in a food product which cost the consumer fifty or sixty cents a pound is of some economic importance. Under the present method of packing, the product must be marketed soon after it is packed, since nearly all jellied meats will show signs of decomposition when kept in a cooler or household refrigerator for longer than ten days. This work was primarily an attempt to find a remedy for this undue waste by a study of the sources of contamination; but it follows that any method of handling that would eliminate this loss would also give the consumer a safer product.

Preparation of Jellied Meats.—Gelatine is used in jellied meats to fill in the spaces between the pieces of meat and to give the product a good appearance. It is also used in certain kinds of canned goods to assist in

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jellying. Formerly commercial gelatine, which is manufactured from scraps of hides, horns, and waste material from abattoirs and butcher's stores, was used in the preparation of these foods. Some of this material was often decayed before being assembled for processing; but the action of the lime solution with which this material is treated in the course of its manufacture largely removes the poisons of bacterial action. The gelatine was not usually made in the packing plant, but was bought from manufacturers who made a specialty of this business.

The Meat Inspection Division, Department of Agriculture has recently forbidden the use of ordinary commercial gelatine, and all gelatine now entering into food products must be made under government supervision in the establishment in which it is to be used.

The jelly now used is manufactured from hog's feet and skin. These are placed in large kettles and boiled until the material has jellied. It is then poured into shapes or pails in which it is stored until a batch of jellied meats is being prepared. No special precaution is taken to avoid contamination.

In putting up jellied products, the meat is packed by hand into oblong tin shapes, and then the melted gelatine is poured in until the container is nearly full. When the gelatine has solidified, a thin board is placed on the surface, and this is the only protection provided against contamination.

Sources of Meat-Poisoning.—From the standpoint of meat poisoning, these products are more dangerous than either fresh meat or canned food. The danger of fresh meat is fairly well controlled by inspection and cooking, and the processing of canned goods is a good safeguard. Jellied meats, however, are open to contamination during their preparation and handling until they reach the consumer, and are not cooked again before eating.

Meat poisoning may be the result of one or more of the following conditions: (1) We have the organisms of such animal diseases as Hæmorrhagic Septicæmia, Blackleg, Malignant Oedema, Gas Gangrene, Anthrax, and suppurative and septic conditions that produce changes in the living tissue in which they are growing that render the flesh dangerous for human beings. (2) Meat may become contaminated with organisms of intestinal origin such as B. enteriditic, B. paratyphosus, and the so-called Hog Cholera Bacillus, which produce heat-resistant poisons; and if the contaminated flesh is not thoroughly cooked the consumer may not only become poisoned but also infected. (3) The flesh from healthy animals may become contaminated during the course of its preparation with organisms that are capable of bringing about alteration in the tissue which render it toxic. Among the organisms incriminated are B. proteus vulgaris, B. subtilis, and B. coli. Meat may also become con-

taminated with B. botulinus which causes a true intoxication by the production of toxin outside the body.

If it be true that B. enteriditis, B. typhosus, B. botulius, etc., are frequently present in the intestines of many animals, it may be reasonably assumed that some of them are uniquitous in places when animals are slaughtered and prepared for food. The protein-splitting organism of the third group are certainly nearly always present. In view of this it is difficult to understand why meat poisoning as the result of ingestion of cold meat products is not of greater frequency.

Present Investigation.—The present work was mainly directed to determine the extent of contamination and the chief sources of contamination. Although particular attention was given to the bacterial content of containers, gelatine, at the time of packing, we were always on the lookout for the common food-poisoning organisms.

Bacterial Content of Containers.—The tin in which jellied meats are sold are not sterilized before filling. In some establishments new containers are used for each batch, but in other plants they are returned by the retailer for refilling.

When these tins were ready for use, the bacterial content was estimated by rinsing them with sterile water, and plating a cubic centimetre of this wash water on nutrient agar and gelatine. Most of the containers were of course found to be heavily laden with bacteria and molds. In order to show the necessity for sterilization, the tins were then steamed, and the decrease in bacterial content determined. This was done merely to show the packer one source of contamination and the means of controlling it. No attempt was made to identify all the organisms present, but in a few of the cans returned for refilling B. coli were present, indicating, though the possibility of contamination from sources could not be excluded, that the containers might have been used for purposes other than those for which they were intended.

It is difficult to interpret the importance of the presence of B. Coli in meat products because of their wide distribution in abattoirs; but it seems reasonable to suggest that their presence in some instances at least might be taken as an indication of the presence of members of the more harmful parapyphoid enteriditis group.

Bacterial Content of Gelatine.—Many quantitative bacterial tests have shown that the gelatine is frequently heavily contaminated. A bacterial content as high as 12,000 per c.c. was found in some samples when the jelly was being poured into the containers. It is clear that the gelatine is not always heated to a temperature sufficiently high to kill the organism when it is being melted for pouring. This is probably the principal source of contamination of jellied meats; and the temperature at which they are held (40 F.) is not low enough to retard the growth of many of the organisms planted with the contaminated gelatine.

We did not attempt to determine the nature of the organisms present in each sample; for it is obvious that almost any organism may find its way into gelatine in the course of its preparation and storage. In the observations made B. Proteus, B. subtilis, and in a few cases, B. coli., were present.

Some authorities claim that gelatine is not of sufficient chemical complexity for the production of high order cleavage products, *i.e.*, although suitable bacteria may be present in the gelatine, poisonous products (ptomains, etc.) can not be formed in the material in the natural process of protein disintegration. However, one can not question the fact that gelatine is a fair medium for the growth of numerous micro-organisms; and if gelatine containing suitable bacteria is incorporated into meat products the medium is so enriched that these dangerous poisonous cleavage products can now be made. Therefore so far as jellied meats are concerned it is negligible whether the gelatine itself is of sufficient complexity for the formation of high order cleavage products.

Examination of Spoiled Jellied Meats.—In all the specimens of spoiled jellied meats examined, liquefaction of the gelatine and decomposition of the meat began at the outside, indicating that ærobic organisms are the chief cause of spoilage. In nearly all cases the interior of the product was found to be perfectly fresh, even when the outside portion to a depth of one or two inches was completely decomposed, and gave off a putrid odour. This is important, since an unscrupulous dealer could very easily trim off the spoiled part and sell the unaltered central portion as fresh food. Such trimmed portions might be very dangerous, since they might readily be soiled with the products of putrefaction or contaminated by injurious putrefactive organisms.

Aerobic and anerobic cultures were made from about a dozen specimens submitted for examination, but in no case were we able to demonstrate the presence of any member of the paratyphoid-enteriditis group. The organisms identified in most cases were B. subtilis, B. proteus and the B. mesentericus. In several anerobic cultures the B. welchii was found. A number of other spore bearing saphrophytes were isolated but these have not yet been classified. This work is being continued with the view of classifying the organism most frequently found; but it is of course understood that the flora will not be constant in any two samples, for many varieties of organisms may be introduced in the course of preparation and handling.

B. proteus vulgaris has been associated with food-poisoning by a number of European investigators; but its causal relationship has not yet been definitely established. Nor is it clear to which factor the symptoms are attributable; some claim that they are due to the multiplication of the organisms in the body, while others hold that they are due to the production of a toxin.

The results obtained from our limited number of examinations would indicate that B. proteus vulgaris is often present in gelatine and therefore in the finished jellied meat product; and if this organism is capable of producing infection or intoxication, it is difficult to understand why cases of food poisoning are not of more frequent occurrence as the result of the ingestion of cold meats contaminated with it. The same applies with equal force to B. coli and B. subtilis which are said to produce poisonous cleavage products, though, as Rosenau points out, the reason that poisoning does not always follow their presence in contaminated meat may be due to the fact that the poisonous products of decomposition are present only at certain stages of the breaking up process.

The Sterilization of Gelatine and Jellied Meat Products.—From the standpoint of meat packers, the most important phase of the problem is to find some means of reducing the wastage. When it was suggested to them that the finished product might be sterilized in the final container and then protected against subsequent contamination, it was stated that a temperature sufficiently high to kill bacteria and spores would seriously affect the solidifying properties of the gelatine. The quality of gelatine for packing-house use is largely measured by the degree of firmness on setting. Some experiments were conducted to decide this point, and it was found that a jelly of good consistency could be held in an autoclave at a temperature of 240 F. for as long as thirty-five minutes without in any way affecting the product, but a poor flabby jelly did not set well after being heated much above the boiling point.

Upon the basis of the information obtained from these experiments, it was decided to put up some experimental packs with the view of finding out whether sterilization with steam would injure the finished product.

Experimental Pack No. 1.—This set was put up to see whether spoilage could be prevented by careful packing. Just before packing the tins, the meat was boiled, the gelatine sterilized in flasks, and the container steamed for five minutes. As soon as the jelly had set the surface was covered with a thin layer of paraffin wax to prevent air contamination.

Experimental Pack No. 2. — The tins in this set were prepared by the usual packing-house method, and were brought to the laboratory and subjected to fifteen pounds steam pressure for fifteen minutes, *i.e.*, sterilized in the final containers. The surface of the jelly was also protected with a layer of wax.

Experimental Pack No. 3.—In this series the tins were prepared by the packer according to the usual practice,and they were neither sterilized nor protected by wax. This set was put up as a control.

All the tins of each series were held under conditions similar to those found in the average packing-house.

Result of Experiment. — All the tins prepared by the usual packing-house method showed signs of decomposition in ten days. At the end of this period some of series No. 1 and No. 2 were uncovered and were found to be perfectly fresh. In sixty days the remainder of the tins were examined and some of those put up by the first method were found to be slightly mouldy, while all those sterilized in the final containers were just as fresh and as palatable as they were at the time of packing. At the end of the experiment the cans of meat were examined by men engaged in the preparation of jellied products, and were pronounced by them to be satisfactory in every respect.

The results of these experiments were brought to the attention of the management of one of the large establishments and an attempt is soon to be made to repeat the work on a larger scale in the plant.

SUMMARY.

1. Contaminated jellied tongue was probably the cause of an outbreak of meat-poisoning in Toronto in 1917.

2. The containers in which the product is sold are not sterilized before use, the gelatine is frequently contaminated at time of packing, and the product is not sufficiently protected to prevent subsequent contamination. These are all factors in the wastage due to decomposition.

3. B. botulinus, B. enteriditis, or the Hog Cholera Bacillus have not yet been demonstrated in gelatine or spoiled jellied products; the chief organisms present are B. proteus vulgaris, B. subtilis, B. mesentericus, and B. coli.

4. The sterilization of gelatine does not affect its solidifying properties, provided it is of good quality.

5. Jellied meat products may be sterilized in the final containers, and kept without deterioration for at least sixty days. Jellied meats put up by the ordinary commercial method show signs of decomposition in ten days when kept under usual conditions.

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The Provincial Board of Health of Ontario

Cases and Deaths from Communicable Diseases reported by Local Boards of Health for the Month of July, 1919.

THE reports of local Boards of Health for the month of July show a slight increase in smallpox cases over the same month of 1918, but a decrease of 16 cases compared with June last when 68 cases and 2 deaths were reported. The deaths from diphtheria are 9 more while the cases reported are 9 less, which would indicate the disease to be of a more virulent type, or that the cases have not all been reported. It is satisfactory to know that the reports show a marked decrease n measles, whooping cough and typhoid fever, as may be seen in the comparative table.

Infantile paralysis show a slight increase over the corresponding month of 1918. The places reporting are: Toronto 3 cases, Hamilton 1, Ottawa 1, Ameliasburg Tp. 2.

Influenza and influenzal pneumonia have almost disappeared from the Province—only 5 deaths being reported, while acute primary pneumonia caused 52 deaths during the month.

COMPARATIVE TABLE.

	1919 *July*		1918 *July*	
Diseases.	*Cases.*	*Deaths.*	*Cases.*	*Deaths.*
Smallpox	51	1	38	0
Scarlet Fever	154	3	158	5
Diphtheria	186	19	195	10
Measles	83	0	748	1
Whooping Cough	80	8	169	12
Typhoid Fever	34	8	42	15
Tuberculosis	201	147	178	109
Infantile Paralysis	7	0	1	0
Cerebro-spinal Meningitis	11	10	15	10
Influenza	6	3	0	0
Acute Influenzal Pneumonia	0	2	0	0
Acute Primary Pneumonia	0	52	0	0
	813	253	1544	165

(*Note.—The last three diseases were not reported in 1918.*)

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH.

	July 1919 *Cases.*	*June* 1919 *Cases.*
Syphilis	83	108
Gonorrhœa	139	154
Chancroid	7	10
	229	272

(*Note.—Five deaths from Syphilis.*)

CASES OF SMALLPOX REPORTED FOR MONTH OF JULY, 1919.

	Cases.	*Deaths.*
Brantford	7	0
Belleville	8	0
Hamilton	1	0
Guelph	5	0
Sturgeon Falls	5	0
Tilbury E. Tp.	13	1
Smith Tp.	2	0
Asphodel	1	0
Vankleek Hill	2	0
Hawkesbury W. Tp.	2	0
Puslinch Tp.	4	0
Beverley Tp.	2	0
	52	1

Diphtheria Antitoxin for Intravenous Use.

The Provincial Board of Health announces that it is ready to supply diluted antitoxin for intravenous use.

The antitoxin is put up in 5,000 unit syringes, and consists of antitoxin which has been diluted one half with sterile physiological salt solution. The actual dose of antitoxin in each syringe is 5,000 units.

It has been determined that antitoxin so diluted *is much less likely to cause severe reactions when given intravenously.*

The use of this antitoxin is recommended in cases of diphtheria which are not seen by the physician until the patient has been ill for several days; also in early cases which appear to be acutely toxic. Laryngeal diphtheria which has gone unrecognized for several days may be treated with benefit with this antitoxin for intravenous infection.

Laboratory Specimens.

HOW TO GET PROMPT SERVICE

The following circular letter has been issued by the Provincial Board of Health:

"Following holidays, Saturday afternoons and Sundays, the Board has occasional complaints from physicians that reports upon specimens sent to our laboratories are not sufficiently prompt. Upon investigation it is invariably found that the delay *is caused by non-delivery by the postal authorities*. In order to prevent such delays, the Board, after consultation with the postal authorities, who promise co-operation, advises that specimens (particularly such as diphtheria) upon which a prompt report is desirable, should be sent *as first-class matter with a Special Delivery stamp*. This will ensure prompt delivery and enable us to give an early report. The laboratories provide an adequate service on Sundays and holidays."

Re Patterson vs. Township of Trafalgar.

The case of Patterson versus the local board of health of the township of Trafalgar, recently tried before His Honour Judge Elliott at Milton, is of interest to medical officers of health and local boards of health.

Patterson, a farmer in the township of Trafalgar in the County of Halton, was quarantined with his family on account of one of his children contracting scarlet fever. The medical officer of health, it seems, did not see the case, the quarantine being established by the attending physician acting for the medical officer of health. The quarantine was maintained for seven weeks. It was lifted by the medical officer of health at the end of that time. The plaintiff claimed negligence on the part of the local board and damages in that he was not allowed to go about his work and that the quarantine was maintained for seven weeks. A large number of witnesses including the M.O.H., the District Officer of Health and the Chief Officer were examined and judgment has lately been given against the local board for $75.00 and costs, the judge apparently taking the view that there was no good ground for prolonging the quarantine beyond six weeks.

News Items

Major F. B. Bowman, C.A.M.C., who has been overseas for four years, having seen service in England, France and Italy has returned home. Major Bowman was O.C. No. 1 Canadian General Laboratory, Folkestone, and later commanded a Mobile Laboratory in Italy and was subsequently engaged in influenza research work in France.

Captain E. Fidlar, C.A.M.C., of the Institute of Public Health, London, Ontario, has returned after several years service overseas.

Major Arthur Ellis, O.B.E., of No. 5 (Canadian) Mobile Laboratory, B.E.F., has been visiting in Toronto. It is said that Major Ellis has been offered a position on the staff of London Hospital Medical School.

Our distinguished fellow-countryman, Sir William Osler, Bart., has recently celebrated his seventieth birthday. The PUBLIC HEALTH JOURNAL tenders its most sincere, if somewhat delayed, felicitations. A very splendid tribute to Sir William appeared in the Journal of the American Medical Association, July 12th, in which number there also appeared a splendid picture of the man who has done so much to strengthen the Anglo-American Medical Entente.

The editor of the PUBLIC HEALTH JOURNAL will be glad to hear from returned officers of the C.E.F. who have had public health training, laboratory or other, and who wish to obtain civilian public health posts. Public health administrators desirous of obtaining the service of such officers will confer a favour by also communicating with the Editor, 169 Bay Street, Toronto. It is hoped that in this way the Journal may serve as a clearing-house, and as the official organ of the Canadian Public Health Association render a further service, in its own field in Canada. This service will be entirely gratuitous and is in no way analogous to the service rendered by other journals throughout the medium of their advertising columns.

Dr. H. C. Cruikshank has recently been added to the staff of the Research Division of the Connaught Antitoxin Laboratories, University of Toronto.

A very successful meeting of the Nova Scotia Health Officers' Association was held in Kentville early in July. Dr. Clarence Miller, Stellarton, N.S., is President of the Association.

Captain R. H. Murray, Engineer to the Bureau of Public Health, Government of Saskatchewan, has returned to Regina after an absence of four years with the overseas military forces. Captain Murray was gazetted with the Canadian Forces early in 1915. At the request of the Imperial authorities he was transferred to the 2nd London Sanitary Company for special duty.

He served for two years as Sanitary Officer with the Egyptian Expeditionary Force, proceeding later to France as Sanitary Officer to the 52nd Division. Captain Murray subsequently commanded the 1st and 2nd London Sanitary Companies. Following the armistice he was appointed Technical Adviser to the War Office on Water Supply, Sewage Disposal, Incineration and other engineering questions affecting the health of the troops.

Editorial

Diphtheria Deaths

IN the list of deaths from communicable diseases reported by Local Boards of Health in the Province of Ontario for June 1919, there were 25 deaths from diphtheria. There were 273 cases of diphtheria reported, so that the deathrate was just over 9%.

What is the explanation of this death-rate in a disease for which we have a specific curative agent? Only three explanations are possible: carelessness, indifference or ignorance! These sins of omission have been committed by someone and the net result is twenty-five preventable deaths in one province in Canada in one month!

Until parents and others will insist upon having a physician see their children when they have suspicious sore throats and until physicians give *antitoxin at once*, in all suspected cases of diphtheria, not waiting for laboratory confirmation of the diagnosis, this needless loss of life will continue. Parents! Look at your own child's throat; if you cannot get a physician; and if it is sore have a physician at once. Do not decide for yourself if it is humanly possible to obtain a doctor; but do look yourself and *take* your child to a physician, if necessary, rather than let the child lose its life from a preventable disease!

Diphtheria deaths are preventable! Do not let them occur in your town or in your family.

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Can. J. of Public Health

The Public Health Journal

Vol. X OCTOBER, 1919 No. 10

Immigration*

Dr. C. K. Clarke
Medical Director, Canadian National Committee for Mental Hygiene

THE subject of immigration is necessarily of the greatest importance to Canada now that the war is over, and there is such a desire on the part of some portions of the country to expand at a rate commensurate with their ideas, no matter what types of immigrants are induced to accept the bait offered them.

The Canadian National Committee for Mental Hygiene has long ago realized that one of its most important tasks is that of learning the actual conditions existing in Canada to-day, and of pointing out dangers when they are discovered. Recent events go to show that we must take very careful stock of the different elements already admitted to our country, and in these days of social disquiet and unrest it is not without interest to learn what we must guard against in the future.

I have never believed in the policy of adding millions of people of different type from ourselves in so short a time that we cannot Canadianize them in a reasonable period. Extensive travelling in the Western Provinces has convinced me that in future it would be well to make haste slowly, and admit only those who are likely to make loyal and useful citizens in sympathy with our form of government. That we have not safeguarded ourselves in the past is only too evident to those of us who have come in contact with so many of the unsuitable elements admitted to Canada.

Prof. W. G. Smith of the Psychological Department in the University of Toronto has made a most elaborate study of the facts in connection with the immigration into Canada and what he has learned, added to what we have come in contact with in our clinics and in our investigations, has made us feel that the new immigration act has not come into force one minute too soon. If it is to be administered by men who are

*Read at the Eighth Annual Congress, Canadian Public Health Association, Toronto, May, 1919.

unhampered by political fetters and who are properly trained to do the work fearlessly and scientifically, it is not too late yet to rescue Canada from the perils which threaten it. Even Prof. Smith's figures, alarming as they are, do not begin to tell the facts as we know them, as they only reach the classes who were so obviously unfit that there could be no excuse for retaining them. These weaklings were deported, but what of those who were not the subjects of deportation. The surveys of provinces and cities being made by our committee are laying bare the skeletons hidden in various cupboards, and when we complete our work it will be abundantly evident that much of the immigration permitted was not of suitable class.

A good deal of irritation has been shown, for example, because we have dared to criticize the policy which has allowed Home children by the thousands to come to Canada without adequate medical inspection. The reply made by the lay representatives of these homes is that the inspection of such children is adequate, and the results have justified them. In one clinic alone in a little over a year thirty-two unmarried mothers, who state that they were brought to Canada by one well known home, have been met. Not a single girl could pass the moron grade, a large proportion are prostitutes and suffering from venereal disease. If one clinic can tell such a tale what must the inference be? Seeing, as we do, very large numbers of defectives, the proportion of "home" children among them is astonishing, and the facts we gleam are corroborated by the observations of educated workers in social problems. We have no prejudice against the Home system, as a system. It is theoretically an excellent thing; practically, it falls down without proper inspection for which Canadians alone must be responsible. Home children should not, in our opinion, be brought to Canada until they are old enough to be properly graded, they should be submitted to the most thorough physical and mental examination, and their careers should be watched for several years, so that they might be weeded out if they did not prove satisfactory additions to the population. In other words, if we must have this type of immigrant a far greater responsibility should be placed on the organization bringing the children to Canada than has as yet been imposed.

The facts brought to light by the Manitoba survey were illuminating, but the results were just what might have been expected when our methods of inspection are considered. In the United States much greater care was exercised, and yet their inspections were by no means as rigid as they might have been. To show the difference in results, though, in 1908 the U.S. authorities rejected one immigrant out of every seventy-two examined—Canada one out of two hundred and sixty-two.

During the years from 1910-18, Canada had her population increased by a little over two million immigrants, 680,000 coming from the United Kingdom, 861,000 from the United States, 485,000 foreign speaking. The immigrants from the United States, of course, included a vast number of foreign born, and while it is commonly said that these people came here solely for the sake of acquiring land, yet only 352,000 are classified as farm labourers, 125,000 are classified as mechanics, 104,000 are unclassified, and 188,000 tabulated as labourers. In view of what has been said about the American immigration these figures are somewhat disconcerting. Of the whole immigration in these years only 34% came under the heading of farmers or farm labourers, while mechanics who were not specially desired ran up to 15%. In other words, the immigration went, not to the land where it was required, but to the urban centres where it was not either desirable or particularly beneficial. As a matter of fact, the poorer mental types gravitate to cities where they find conditions of squalor and poverty to which they are accustomed. They are unable to make a living when asked to follow agrarian pursuits. To quote from Prof. Smith's article, "Take for instance the banner year of 1913, when 150,542 immigrants came from the United Kingdom. The total number of entries for homesteads for that year was 33,699, actually a decrease from that of 1910 by nearly 20%, while the immigration from the United Kingdom alone increased by 150%". The centres of unrest and discontent are in the cities and no matter where the blame for the chaotic state of affairs in Canada to-day is to be placed, it is only too evident to students of sociology that undesirable immigration is one of the most potent causes of the disturbances. Bolshevism is not a new world disease, but merely a hot house product imported from the slum centres of Europe, where degeneracy has produced its inevitable results. The specimens of advocates of their doctrines we have met should never have been admitted to this country, as their influence for evil is difficult to estimate, although it is undoubtedly great. Certainly the ideals which have counted so much in the past in keeping this young country sane, and an example of virility, are in danger as a result of the type of immigration that has been fostered of late years. We have been nursing a reptile that may easily prove our undoing when it is fully developed.

It must be remembered too, that it is undoubtedly the policy of the old world to retain its active and successful workers and to allow the restless, shiftless, and disturbing elements to go to the new world. If this was the case before the war, it will be intensified a hundred-fold by the new conditions imposed as the result of the war. Millions of the best physical types have been buried on the battle fields or rendered useless through wounds,—it is only too evident that European countries will

be more than reluctant to lose the remnant of their virile populations. Particularly will this apply to the best of the agricultural classes in Great Britain. They are the very people we need to make civilization safe in Canada for those who have built up this country. In other words, it is our duty to make national welfare the ideal for which we shall strive, and so guard the inlets that until reconstruction and readjustment for our soldiers who have been abroad are so well established that there is no opportunity to swamp ourselves with masses of undesirables. The slogan, let us have immigration practically unhampered and unlimited, is one of the most dangerous of all policies, and if Canada is to depend on its agricultural wealth for greatness, a brief survey of what is happening will give food for thought. We hear a great deal of the theory that the farmer is the backbone of the country; no doubt he is, and yet Canada is not keeping pace with the demands of the theory. The older provinces, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Yukon, and even the North West Territories from 1901 to 1911 showed a considerable decrease in rural population, while Quebec, British Columbia, and the three Prairie Provinces showed an increase, the rural increase being only 576,163 for the Dominion, while the urban increase reached 1,259,163. As Prof. Smith so clearly points out, "the task of the future is not in prohibiting immigration but in regulating it."

A great deal more might be said on this subject, but the object of this paper is merely to excite discussion and bring to the surface the ideas of a class tremendously interested in the problem of making Canada a great nation. The condition of affairs in Winnipeg to-day must cause every true lover of this country anxiety and worry as to whether we shall build up a great nation filled with lofty ideals, and a desire to retain our good name, or break up into a series of discordant provinces with the God of Selfishness riding triumphant over the ideals which have stood for success in the past. A nation built up with a people of sound mental and physical health will survive,—one erected on an unstable mental and physical basis will surely succumb.

The Public Laboratory as an Aid to the Health Officer*

A. J. Slack
Institute of Public Health, London, Ont.

THE function of the Public Health Laboratory is to assist, in every way, the promotion of the Public Health of the community which it serves, a function which is identical with that of the Medical Health Officer.

Recognition of the value of laboratory service is sufficiently evidenced by the fact that all of the larger cities and many of only moderate size maintain their own laboratories. The Health Service to any community cannot be complete without frequent resource to laboratory examination and I desire to point out in a general way, and from the viewpoint of the laboratory man, how the Health Officer may derive the greatest amount of benefit from the particular laboratory serving his vicinity. Amongst the most frequent diagnoses required from the laboratory are those for diphtheria, tuberculosis, typhoid fever, the venereal diseases, and the examination of samples of milk and water.

Let us consider these individually. So far as diphtheria is concerned the laboratory may be of aid in both diagnosis and prevention. The success of diphtheria antitoxin depends upon its early administration and its use is advisable in every clinical case of diphtheria, but in doubtful cases valuable time is saved by being near a laboratory where a diagnosis may be obtained from a direct smear or six hour culture. Laboratory examination has, on more than one occasion, shown conclusively that a mild case of nasal diphtheria may act as a focus causing severe cases of throat infection in contacts.

The laboratory has been the means of perfecting the "Diphtheria-Toxin-Antitoxin Mixture" method of immunization against diphtheria. This is claimed to establish a far more durable immunity than is afforded by the use of diphtheria antitoxin alone. The administration of the mixture is controlled by the Schick test. Only those persons who give a positive reaction with the Schick test need to be immunized.

Many of the City Health Departments of the United States are requesting parents to have their children tested by the Schick test and if they react are administering the toxin-antitoxin treatment until immunity is established. There is no danger in connection with this

*Read at the Annual Meeting, Ontario Health Officers' Association, May, 1919.

treatment and if consistently carried out it should result in a decreased incidence of diphtheria amongst school children.

In some of our larger cities typhoid fever is becoming a rare disease. This is due to the fact that the various methods by which typhoid is spread are becoming better known and improved sanitary precautions are tending to wipe out the disease. The laboratory diagnosis by the Widal Reaction is comparatively simple, yet here, even in a true clinical case of typhoid if a sample of blood is collected too early the Widal Reaction may be negative. If the blood for examination is collected on paper it is advisable to use a hard glazed paper because it is very difficult to soak out enough serum from blotting paper to make a satisfactory examination. In doubtful cases the preparation of a blood culture is the best method of diagnosis and this can be readily done if laboratory facilities are convenient. From the standpoint of the Health Officer the typhoid carrier is even more dangerous than the frank case of typhoid. In the latter instance the patient is too sick to cause undue trouble and if the body excreta are thoroughly disinfected and trained attendants available the immediate spread of the infection may be controlled. But every frank case of typhoid may become a typhoid carrier. Even though the patient may have recovered perfectly he may harbour the germs in his body and they may be discharged in the excreta for varying lengths of time thereafter. From the viewpoint of preventative medicine it would be advisable to test every convalescing typhoid case as to its possibilities of becoming a typhoid carrier and in this way a menace to the community. Here again the laboratory comes to the aid of the Health Officer with facilities for testing the blood, urine, and feces of these patients for typhoid bacilli.

Everybody recognizes the value of an early diagnosis in the case of the tuberculous patient. In the majority of cases if the patient is to derive benefit from the treatment the diagnosis must be made before any advanced lesion has developed. Providing clinical symptoms warrant a positive diagnosis of tuberculosis and the laboratory diagnosis is negative it would seem wise for the physician to submit several samples of sputa to the laboratory before reaching a decision that the case is either closed or non-tuberculous. This would increase the work of both physician and laboratory but I feel confident that it would, in the case of tuberculosis at least, emphasize the fact that a single negative laboratory result in the face of positive clinical findings is of little value, while a single positive case with the diagnosis clinched only after repeated laboratory examinations and resulting in the patient taking the proper treatment would more than repay for the additional labour involved.

The time is rapidly approaching when a blood examination of every patient coming under the physician's care with any serious illness will

be considered as important as the urinalysis is considered to-day. It seems probable that differential counts, etc., which are of diagnostic importance will be included among the free examinations of the Public Health laboratory only in the case of the indigent patient because the benefit in these cases is to be derived by the patient alone and not by the community at large. The free Wassermann examination is a step in the right direction and the increasing demand and the percentage of positive results obtained would indicate that this step was inaugurated none too soon.

Much might be said of the special lines of work which the laboratory is prepared to handle some of which is purely medical in character, but which because of limited experience many medical men do not care to undertake. I refer particularly to the collection of specimens of blood and spinal fluid for the Wassermann examination, the collection of specimens and the intraspinal treatment of cases of cerebro-spinal meningitis, the testing of blood to determine safe donors for blood transfusion, etc.

Investigations conducted by the public health laboratories all over the continent during the recent influenza epidemic serve as a typical example of the part played by the laboratory in every new health problem.

In this investigation the laboratory examined nose and throat cultures, cultures from the sputum of influenza patients and cultures obtained at autopsy in an endeavour to determine the etiological factors concerned in the rapid dissemination of this disease. Besides this hundreds of prophylactic doses of influenza vaccine were administered and occasionally remarkable good results were obtained in cases of pneumonia complicating influenza by the intravenous injection of serum from patients who had recovered from a similar infection.

Every Health Officer is interested in securing a pure water supply for his community. Here a sanitary survey is as important as a laboratory examination. The laboratory by means of chemical and bacteriological examinations of the water may be able to tell whether a water is of good or poor sanitary quality even without much information regarding sanitary surroundings but in case a water shows the presence of a slight amount of organic pollution a knowledge of possible sources of pollution is necessary in order to give an opinion as to whether the water is safe for domestic use or what steps should be taken to make it safe. The laboratory man is inclined to draw certain conclusions from the nitrogen content of a drinking water. Completely oxidized organic nitrogen is found in the form of nitrate. Barring the presence of nitrates in the soil, a high nitrate content would indicate a previously polluted water which had been purified by the filtration of this water through a

sandy or gravelly soil. In the absence of colon bacilli this water might be safe for domestic use but it should be subjected to frequent analyses because during times of heavy rains the passage of the water through the soil might be so rapid as to prevent perfect purification by soil filtration. Ordinarily such a water if perfectly purified will show no nitrite or only a trace of nitrite and the presence of any appreciable amount of nitrite in a surface water would be looked upon with suspicion. But if the water came from a deep well any incompletely oxidized iron present might reduce the nitrates leaving a comparatively large amount of nitrite which would have no sanitary significance. I quote this simple example to show the necessity of furnishing the laboratory with as complete data as possible in order to enable the analyst to satisfactorily interpret his results. The laboratory is also ready at all times to send a trained man to investigate public water supplies and collect samples for analysis.

The problem of pure ice is one which is closely related to the problem of pure water but one which causes infinitely less trouble. I feel safe in making the statement that there are only two conditions under which natural ice is liable to cause any trouble and both of these conditions can be readily discovered by a sanitary inspection at the time the ice is harvested. The first is when shallow water is allowed to freeze to the bottom of the pond including in this way everything which was previously in the water. Such a condition is necessarily rare because of the difficulty experienced in harvesting the crop. The second is more common and therefore more dangerous. During seasons when a light crop is anticipated the ice may be flooded by punching holes through the thin ice and allowing the water to flow up over the surface of the ice. This procedure results in thicker ice in a poor season but if the ice is harvested from a polluted water it effectually prevents self-purification of the ice during the process of freezing and such an ice will contain all types of organisms present in the water. Such an ice may be dangerous. There is probably no danger connected with the use of natural ice harvested in the ordinary manner unless one of the two above mentioned conditions applies.

There is no food product in universal use which is subjected to so much contamination and to which so little attention is given as the milk supply of the small municipality. From an economic viewpoint the determination of the percentage of butter fat is important but from the public health viewpoint this is of minor importance as compared with the bacteriological examination. The total number of bacteria, if excessive, indicates improper handling or dirty milk, or both, while the presence of tubercle bacilli, streptococci, pus or blood would indicate unhealthy cattle. Any of these conditions are readily shown by analysis

and should call for immediate combined action on the part of the Health Officer, dairy inspector and laboratory.

In order for the physician to use the laboratory to his own greatest advantage he must be sufficiently familiar with laboratory technique to appreciate the necessity of care in the selection of the specimen to be examined and the container in which it is submitted. A sample of sputum collected the first thing in the morning from an early case of tuberculosis is more apt to show the specific organism than a sample collected at any other time during the day. It is also important to supply the laboratory with all available data in regard to your case, that is, co-operation should exist between the Health Officer and the laboratory similar to that which is making so great a success of group medicine.

In order to encourage this co-operation some health departments have arranged short laboratory courses for their Health Officers. The object of such a course is not to train laboratory experts, but to familiarize the Health Officer with everyday laboratory technique and instruct him in the interpretation of laboratory results. Any effort of this character is bound to result in an increased efficiency of our Public Health service.

President's Address

Annual Conference Medical Officers of Health

G. R. Cruikshanks, M.D.
Windsor, Ontario

I WISH to thank the members of the conference for the honour of Presidency and to assure them that the pleasure would be much greater if there was no address to be made or even if the subject was selected.

It is customary to review the advances that have been made in sanitation during the year, but as these have been most distinguished in the army, I feel that they should be taken up by a confrere who helped to make such a marvellous reputation for prevention of disease in the war.

The most outstanding incident in health matters during the past year was Influenza, but while this has been as successfully managed in Ontario as anywhere in the world yet the death rate has been great and our efforts to prevent it were largely unavailing. Scientific investigations have been carefully made, with results so varied that they leave one's mind in a state of chaos. Great as has been the destruction of life by Influenza I believe it will eventually *save more lives than it has destroyed, if we learn to cover our mouths and noses during coughing or sneezing* as was recommended by Benjamin Franklin long before bacteria were discovered.

The M.O.H. should make a careful examination of the ill health of his community and search for underlying causes. *It would be a good practice with every death under seventy years to trace its cause to its source* which may have been in infancy or before that. Until lately our only data have been the death and contagious disease lists; to these we are adding the condition of health of those commencing school and during the school period and recently a very interesting study was made by the military of all the youths between twenty and thirty and to our amazement it was found only fifty per cent. were fit for the fighting line. These are practically the only data we have for our diagnosis. The M.O.H. will find that about one-third die during the first 10 years of life, one-third during the next fifty. After he has analysed, tabulated and thought over these deaths he certainly will be better fitted to advise his Board of Health. He will probably find that seventy-five per cent. of children commencing school are defective and he will be compelled to

think of the causes of bad teeth, infected tonsils, cervical glands, and tuberculosis.

In 1917 I analysed one thousand consecutive causes examined by a Military Medical Board but was forbidden to publish it because it might indicate to the enemy our failing man power. No doubt the new Dominion Minister of Health will make this a careful study. Our diagnosis to be of any use must lead us to apply remedies. How can we avoid deaths among infants, ailments in school children, and among young men, defects that unfit them for service in war and consequently for efficiency in civil life? We can prevent small-pox with vaccination but this will not protect against any other disease. So with typhoid and diphtheria and a few other diseases each with its own protection but like the alchemists we fail to find one universal panacea.

One hundred years ago one out of seven deaths was due to small-pox, vaccination has almost excluded this disease from civilized communities. During the Boer war more deaths occurred from typhoid than from wounds, during the recent war protective vaccine has almost eliminated this disease from modern armies; but we have not more than a half-dozen effective vaccines or serums, yet men and women lived and flourished before these were discovered.

The human body is the most effective medicine factory in the world, but for this the human race would have been extinct a million years ago. This factory is made of the most intricate structures and is full of machines that produce the most wonderful products. The finest minds of the world have for centuries studied it and have established volumes of facts about it. Surely the care of this factory should be under the supervision of a superintendent who has a reasonable knowledge of its structure and workings. What ship would be entrusted to an engineer who did not thoroughly understand his engine? A novice might handle the levers and bring the ship to port if everything worked well but what would happen if a machine broke down. But the human factory is infinitely more intricate with hundreds of machines working in unison and human life is its product, yet the people of this province are complacent when quacks grossly ignorant of its mechanism undertake the supervision of this marvellous machine. The human body in spite of them maintains its ancient power over disease and often brings about a cure which these humbugs claim as due to their efforts.

The medical profession is largely responsible for this through their carelessness in not explaining; for very many forget the self-healing power of their bodies and attribute their health solely to their medicine so that it is natural for them to believe a recovery in the hands of a quack is due to his efforts no matter how futile and ridiculous.

If there is anything that the people of this province should insist upon it is that those who undertake the supervision of human life should have a knowledge of the anatomy and physiology of health and disease. The public should do this themselves for we have done it pretty well for them, as well as they would allow us to do but their appreciation of our efforts recalls a story of Voltaire who was asked by his father what profession he would like to take up. Voltaire answered that he would like to be a Reformer and his father replied, "Do you know what happened to the greatest Reformer who ever lived?" Many think our efforts to protect the public are attempts to perpetuate a monstrous trust.

Primitive men isolated the contagious or disposed of them by means not so humane. Fifteen hundred years before the birth of Christ, Moses laid down rules for quarantine, disinfection by washing and the burning of infected articles but their only immunity was inherited or accidentally acquired. They had no vaccines but they had immunity.

This self-healing power of the race is the basis of our modern immunization, a vaccine is injected which stimulates the organism to produce its protective bodies in advance so that when disease arrives it meets an effective resistance, and the organism escapes. Sir Almoth Wright thinks that we are on the eve of a great development in vaccines.

But our ancestors were not without means for stimulating this inherent power of resistance to disease.

This is well illustrated by our sanitorium treatment of consumption, for which there is no specific, but confidence, rest food and fresh air with sunlight are accomplishing miracles and these are the very agencies that have kept the race alive, are now, and even after the vaccine age arrives will continue to be our best aids to combat disease before and after exposure. Of course no amount of these things will prevent one getting smallpox or typhoid as does vaccination, but they help even these procedures and are effective now. Vaccines are very few and limited to one disease while these agencies are universal.

Faith cure is one of our best protectors. During an epidemic the terrified are the easiest victims. The most successful family physician I ever met gave a good advice, and good medicine, but gave more faith cure than a Christian science healer.

During the recent epidemic capable and reliable observers published a procedure that gave wonderful results and we felt that influenza was conquered until some equally competent and reliable observers using exactly the same thing published results that appeared disastrous. May it not be that the difference between the two was due to enthusiasm and faith cure.

I believe a well grounded optimism will increase the opsonic index.

REST.—Dr. Richard Cabot says, "I believe more minor illness are due to lack of sleep than to any other recognizable factor. A person catches cold, gets lumbago, is constipated, is headache ridden, sleep would set him right with the world". Exercise in the open must always be considered with proper sleep and this must be admitted as one of our best means of preventing disease.

FOOD.—The war has demonstrated in millions of cases the liability to disease of the underfed. In India, always half starved, 4,000,000 died of influenza last year, and in one village forty-four per cent. of the population. In this country there is little under feeding but much over feeding with improper diet. We do not drink enough water and our milk is often laden with tubercle.

FRESH AIR.—When we speak of sanitoriums we think of fresh air. Fresh air is excellent but the sunlight that should go with it is more important.

SUNLIGHT.—It was not without reason that the ancient Egyptians at the very zenith of their power and culture worshipped the sun.

An open case of tuberculosis with an occasional cough reads the paper for ten minutes and the paper is covered with living deadly germs. He places the paper on the table in a good sunlight and in ten minutes every germ is dead. This reminds us that sunlight is not only a good tonic but also an excellent disinfectant and that our movie theatres never see the light of day. Disease germs do not live long away from a living host but they do live and live best in the dark; our movies should be compelled to flood their auditoriums daily with sunlight.

A few years ago our factory was a great wall of brick with little peep-holes, now it is almost all glass. A workman's home should have as much sunlight as his factory. His home should be all sun-rooms or at least he should have one sun-room or out door sleeping-porch. This need not be expensive, with a French door instead of window somewhere, the sun-room could be added easily and cheaply. No one well-to-do ever plans his home without a glass sleeping-porch, why should the mechanic be without this room?

Doctor Adami says at least seventy-five per cent. of the Canadians have been tubercular. This means seventy-four out of seventy-five got well without knowing they had it; the only symptoms probably was a run down feeling. What can a sanitarium have that one cannot have at home? It is not the mountain or forest air, for one of the most successful sanitariums in the continent is right in the heart of a great city. We can have the same doctor, the same nurse, the same food, but we cannot have the same rest in the air and the sun unless we have a sun-room. Not only is this the best cure for consumption it is also the best pre-

vention and it enables us easily to isolate the open case right in the disinfecting rays. It is also the best tonic for a child delicate from any cause.

To sum up I wish to emphasize:

(1) That every M.O.H. should diagnose from all available data the health of his constituency once a year.

(2) That courage, rest, food, fresh air and sunlight are the best aids to immunity.

(3) That every movie should be flooded daily with sunlight.

(4) That every home built with government assistance should have a sunroom.

New Health Legislation*

Dr. W. H. Hattie
Provincial Health Officer, Nova Scotia

DURING the last session of the Legislature of Nova Scotia several very important amendments were made to the Public Health Act. The larger part of the new legislation provides for extension of the Department of the Public Health, and to this reference will be made presently. As the amendments will be published as soon as they are in print, this paper is intended merely as a synopsis of the main features, especially in respect to those upon which some comment would appear to be desirable.

It will be of interest to Medical Health Officers to know that the Medical Health Officer appointed for a town or city will hereafter be a member of the local board of health for that town or city; that the same applies to the Medical Health Officer of each county in which a county board is appointed; and that the Medical Health Officer appointed by a municipal council "shall be entitled to attend any meeting of any local board of health within that municipality and when at such meeting shall be deemed to be a member of such local board". This gives the Medical Health Officer a vote as well as a voice in determining the policy of local boards.

The section dealing with the composition of local boards in towns has been amended, and now reads as follows: "In every incorporated town, the town council, or a committee comprised of the Mayor and not less than three other members thereof, together with the Medical Health Officer shall be the Board of Health. The Mayor shall be the Chairman and the Town Clerk shall be the clerk of the Board".

As some confusion has existed relative to the powers of a local board to order quarantine, the section dealing with the action of local boards in respect to infectious diseases has been made clear on this point.

A local board may now *order* instead of *direct* a general vaccination in any district or part of a district. This change was made because of a feeling which some held that the word "order" has a more specific meaning than the word "direct".

Because of the difficulty which has been experienced in dealing with the sanitation of lumber camps and similar places, a new section has been added to the Act which reads as follows:

*Association of Medical Health Officers of Nova Scotia Antigonish, July 1, 1919.

"No person shall establish, conduct or maintain a camp or boarding house for the accommodation of his employees without a permit in writing from the Medical Health Officer of the district in which such camp or boarding house is situate setting forth that the sanitary conditions thereof are satisfactory and such permit may be revoked at any time by the Medical Health Officer if he deems the sanitary conditions to be unsatisfactory or if he believes that any occupant of such camp or boarding house not immune to vaccination against smallpox has not within five years been successfully vaccinated."

It is hoped that Medical Health Officers will make full use of this new section, so that these possible foci of infection may be made safe for our democracy.

The section which empowers a local board to order the vacation of insanitary tenements has been modified by the addition of a subsection which provides that instead of ordering such premises to be vacated the board may declare the premises to be unsanitary and order that no rent shall thereafter become or be payable by any occupant thereof until the conditions have been remedied to the satisfaction of the board. Any attempt at eviction after such action of the board may be penalized.

Upon representation of a deputation from the Pharmaceutical Society, Section 64, which deals with the treatment of venereally infected persons, has been modified and now reads as follows:

(1) No person other than a legally qualified medical practitioner shall attend upon or prescribe any drug, medicine, or treatment known to be used exclusively or chiefly for treatment of venereal disease to or for a person suffering from venereal disease for the purpose of the alleviation or cure of such disease.

(2) Every person guilty of a contravention of subsection (1) shall incur a penalty of not less than $100, and not more than $500.

In this connection I may be permitted to urge greater attention to the public health aspects of the venereal diseases. These conditions are receiving much consideration from the health authorities of other provinces and other countries, and we can ill afford to lag behind in so important a matter. It might here be stated that arrangements are being made for free laboratory diagnosis, when this is desired, in all cases of suspected venereal disease, and also for the necessary laboratory control of treatment.

Except that influenza has been added to the list of "infectious or contagious diseases", and therefore made reportable under the Act as well as under the Regulations which were issued when the recent epidemic made its appearance in our province, the balance of the new legislation deals with the enlargement of our health service.

Authority has been given for the appointment of an Inspector of Health, for the partition of the province into three health divisions and the appointment of a full time Divisional Medical Health Officer for each division, for the appointment of a Superintendent of Nursing Service for the province and of a public health nurse for each county, and for the establishment of a public health clinic in each county.

In a general way, the intention is that the Inspector of Health will be specially trained in the diagnosis of tuberculosis and also in the epidemiology of all communicable diseases. He will tour the county clinics at regular intervals, to assist as he can in the solution of our tuberculosis problem, and be available for such epidemiological investigations as may be required. The Divisional Medical Health Officers will correlate and coordinate the work of local Medical Health Officers and local boards within their respective divisions, where, being independent of local influences, we may expect them to be of assistance in smoothing out local differences. The medical inspection of school children and of the sanitary condition of school premises, places of public assemblage, manufactories, lumber camps, etc., will come under the general administration of these officers.

The public health nurse of each county will make headquarters at the county clinic, where she will be in attendance on clinic days. In the intervals, she will tour her district visiting homes where communicable diseases—particularly tuberculosis—exist for instructional purposes, keeping in touch with the schools where she will take such part in the inspection of the children and in follow-up work as may be assigned to her, and rendering such other service as she may.

At the clinics, attention will at first be more especially directed to tuberculosis and the conditions contributing to infant mortality, but doubtless it will be necessary to also deal with venereal cases to at least some extent. Pre-natal instruction and care of expectant mothers, instruction in baby care and baby feeding, etc., will go on primarily in the clinics but will also be a part of the nurse's duty while on tour.

The work of the county nurses will be under the general supervision of the Superintendent of Nursing Service, who will be expected to keep in close touch with the various clinics and see that proper and well directed activity is maintained.

This sketches very roughly what we hope to undertake. It will be conceded that the field is large and the opportunity great. The cordial co-operation of every Medical Health Officer is, we feel certain, assured. Without it, we could accomplish little.

Association of Medical Health Officers of Nova Scotia

The annual meeting of the Medical Health Officers of Nova Scotia, held at Antigonish on the first of July, under the presidency of Dr. W. B. Moore, M.H.O., Kentville, was not as largely attended as usual, but in every other respect surpassed any previous meeting. The papers were of exceptional merit, not only in respect to the material presented but in respect also to literary excellence. The discussions, too, were unusually good, well sustained and remarkably free from any tendency to stray from the points at issue.

After the disposal of routine business, the Provincial Health Officer gave a resume of the amendments to the Public Health Act passed at the last session of the provincial legislation, dwelling more particularly upon the sections providing for the enlargement of the provincial health service. The remainder of the morning session was devoted to the hearing and discussion of a most interesting and practical paper on "Statutory Practice", by Dr. A. E. Forbes, M.H.O., of Maccan.

In the afternoon, more business was disposed of, and then papers were read by Dr. George Townsend, Field Veterinarian of the Federal Department of Agriculture, on "Municipal Milk Inspection", by Dr. Clarence Miller, M.H.O , of Stellarton, on "Some Aspects of Influenza, Medica and Otherwise", and by Dr. A. G. Nicholls, Director of the Laboratories, on "The Epidemiology of Pneumonia". All three papers were splendidly prepared and most practical and elicited keen discussions.

For the morning and afternoon sessions, the finely appointed and equipped Science Building of the St. Francis Xavier University wa placed at the disposal of the Association—a courtesy which was greatly appreciated. The evening session, which was attended by many of the citizens of Antigonish, was held in the commodious Celtic Hall.

First on the programme of the evening session was the address of the President. Dr. Moore spoke with his usual fluency and eloquence on the successes and failures of medical practice. His address was followed with the most intense interest. Then came a paper by Prof. D. Fraser Harris on "The Medical Profession as a State Service", in which Dr. Harris very earnestly and effectively, and in the choicest phrasing, set forth the advantages to both the public and the profession which might be expected to result if curative as well as preventive medicine were to be placed on the basis of state service. The programme of the evening was completed by a most interesting presentation of "Recrea-

tion as a Public Health Measure", by Mr. A. B. Dawson, Physical Director of the Y.M.C.A., Halifax. Mr. Dawson showed very conclusively that recreation is of the utmost importance in the preservation of health, and his eminently sane and impressive treatment of his subject was greatly enjoyed.

The various papers will be published in the PUBLIC HEALTH JOURNAL.

In order to deal with all the business it was necessary to hold an extra session early in the morning of July 2nd. Later, the Medical Society of Nova Scotia met, many of the Medical Health Officers remaining over for its sessions. Those who remained were amply rewarded, as the meeting of this Society also was exceptionally good. The address of the President, Dr. Geo. H. Murphy, of Halifax, was not only of singularly beautiful composition and delightfully rendered, but it appealed to health officers because of the prominence it gave to matters affecting the public health, including a very effective reference to the importance of the venereal diseases.

In the course of the meeting of Medical Health Officers, a resolution was passed expressing appreciation of the action of both the Federal Government and the Government of Nova Scotia in bringing down legislation designed to provide better organization for conserving the health of our people. A scheme presented by the Provincial Health Officer for organization of cities and towns in anticipation of a return of epidemic influenza and referred to a special committee for consideration, was, with the addition of suggestions made by the committee unanimously endorsed. This plan may be had by anyone upon application to the Provincial Health Officer.

It was decided that next year's meeting will be held at Kentville with the object of stressing tuberculosis. The Medical Society also decided to meet at Kentville, and to hold at least one session at the Nova Scotia Sanatorium conjointly with the health officers.

The officers elected are as follows: President, Dr. Clarence Miller, M.H.O., Stellarton; 1st Vice-President, Dr. J. F. MacAulay, C.M.O., Sydney; 2nd Vice-President, Dr. E. E. Bissett, M.H.O., Windsor; Secretary, Dr. W. H. Hattie, P.H.O., Halifax; Councillors, Dr. F. E. Rice, M.H.O., Sandy Cove; Dr. R. L. Blackadar, M.H.O., Port Maitland; Dr. P. A. McGarry, M.H.O., Canso.

A Plan for a More Effective Federal and State Health Administration.

FREDERICK L. HOFFMANN, LL.D.
Third Vice-President and Statistician the Prudential Insurance Company of America

(*Continued from our last issue*).

Standardized Methods of Physical Examination

There can be no entirely effective Federal or State health administration which continues to ignore the physical facts of individual life and which does not concern itself with the conclusions derived from collective investigations concerning physical progress and physical well-being; yet, broadly speaking, in not even the most advanced civilized countries are efforts being made to first ascertain the true physical status of the population and the variations in health and growth from time to time, whether towards physical improvement or physical deterioration, as the case may be. Furthermore, and still more lamentable, is the fact that in not even the most advanced countries are such fragmentary data as exist intelligently utilized, but, quite to the contrary, are contemptuously disregarded as needless to the higher requirements of an intelligent policy of government resting upon the declared principle of general welfare.*

A beginning has fortunately been made in this country through the United States Children's Bureau to initiate a plan for the systematic measurement of children of pre-school age, subsequently, no doubt, to be followed by the introduction of systematic measurements of children during the teaching period from the primary grade to the university. It is true, of course, that vast numbers of children are being measured in school or out, and that equally vast numbers of measurements are made of young persons in industry, in the military service, etc. The lamentable fact, however, is that these measurements are, in the first place, crudely made; in the second, the prevailing standards of normal height and weight, chest expansion, etc., are seriously deficient in scientific accuracy; and in the third place, the ascertained deficiencies, or departures from the normal, are not made a matter of serious concern on the part of the school or the parents, or the medical

*For additional observations of my own on this important question see article on "Some Vital Statistics of Children of School Age", the *School Review*, December, 1913, see also my address on the "Physical Care of Children", *Medical Review of Reviews*, April, 1916.

profession, or all combined.* Now, a modern state, resting its claims for preeminence upon a thoroughly healthy population, can be such only if standards of physical health and well-being are correctly ascertained and then properly applied to the correction of errors or deficiencies in growth or development in the very earliest stage of cognizable departures from the normal. It serves but a very limited, if any, purpose to ascertain such errors after they have become thoroughly established and possibly been incorporated in the mature development of the body. What is here said of the simple requirements of physical anthropology applies, of course, with much greater force to the broader needs of physical examinations. By physical examination is here meant an amplified medical exanination, which can not be made properly by the physical examiner, governed too exclusively by the special requirements of physical anthropology. Unless, however, physicians are trained in making physical examinations they are just as likely to arrive at erroneous conclusions, most of all when, as is usually the case, the physical examination is made in a perfunctory manner and the judgment is guided by more or less misleading standards, as when medical conclusions are arrived at by physical anthropologists.† All such examina-

*Thus, for illustration, physical measurements are required of the pupils of all Indian Schools, not only at entrance or at the beginning of the term, but monthly throughout the school year. The instructions are that "each pupil must be accurately weighed at least once each month and the weight recorded on the form provided for that purpose". But the instructions are indefinite as regards the allowance to be made for clothing and there is no requirement as to observations on the changes in stature. The importance of weight as evidence of physical well-being is, of course, relative, varying with the height and age. The absolute weight is of much less importance than the relative weight, or weight in relation to stature. As far as known the statistics collected are not utilized for scientific purposes in a permanent or collective form. If subjected to critical analysis with due regard to the tribal affiliations and degree of race intermixture such statistics, even though limited to height and weight, would make a most valuable addition to physical anthropology.

†The Standard Child Labour Bill as recently introduced with slight modifications in West Virginia provides for "a certificate signed by a medical inspector of schools or public health officer stating that the child has been examined by him and in his opinion has reached the normal development of a child of its age, and is in sound health and physically able to be employed in the occupation in which the child intends to engage". With reference to proof of age a certificate is required, "signed by the public health physician or a public school physician, specifying what in the opinion of such physician is the *physical age* of the child", and that "such certificate shall show the height and weight of the child and other facts concerning its physical development revealed by examination and upon which the opinion of the physician as to the physical age of the child is based. In determining such physical age the physician shall require that the school record or the school census record showing the child's age be submitted as supplementary evidence". But as a matter of fact there are not, strictly speaking, as yet any trustworthy physical standards of age, growth or vocational fitness. Such standards can be developed only out of the data which are now being collected, but which

tions, as, for illustration, those for defects of vision, hearing, dentition, spinal curvature, etc., require extreme care if latent tendencies towards future serious defects and possible deformities are to be disclosed. There is, therefore, the utmost urgency that this aspect of modern health administration should receive prior consideration if the future health of the nation is to rest upon a strictly scientific as well as thoroughly practical foundation.

The questions involved in this suggestion have received the serious attention of the Committee on Race in Relation to Disease (Civilian Records) of the National Research Council. That committee has recommended a standardized form of physical measurements and medical examination, with a due regard to the racial antecedents of the person examined, chiefly, for the time being, limited to persons employed in industrial establishments. The committee clearly realized the importance of accuracy and thoroughness in the physical examination of adult applicants for employment, a sound physique being a prerequisite of the best possible results in industrial establishments. In other words, the same conclusions which apply to infants and children of pre-school age, which are recognized by the Children's Bureau as applicable to children of school age and post-school age and enforced in many schools, public and private, and made mandatory in some by the use of school inspectors, etc., are equally applicable to vocational training and to vocational activity, but particularly so during the years of late adolescence or just before complete maturity has been attained. A national and local health administration, resting its beneficent activity upon such a basis, can not but achieve measurably greater results than have been secured under the decidedly more restricted functions of public health and state medicine followed at the present time.* (See Appendix A.)

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will be seriously misleading unless the tabulation and analysis and resulting averages are with a due regard to the racial antecedents of the child, or, more precisely, the race of the father or the mother or the races of both.

It may be suggested here that the term *nationality* in investigations of this kind is grossly misleading and scientifically of no value. The *nationality* of a naturalized Italian is American; the *nativity* of an Italian, irrespective of citizenship, is Italian; the *race* of an Italian is with few exceptions of the same as the nativity, but the race of an American-born child of Italian parentage is Italian, and not American. The most difficult complications arise in the correct racial differentiation of the immigrant stock from certain central European countries, where nativity and race are frequently confused. The term *nationality* should never be used in investigations of this kind.

*In a collection of papers on Army Anthropometry and Medical Rejection Statistics (Newark, N.J., 1918, Prudential Press), I have brought together a considerable amount of useful information from American and foreign sources, not generally accessible. The address emphasizes the urgency of much more rigid conformity to strictly scientific requirements, if results of really practical and lasting value are to be secured.

The Practical Value of Sickness Statistics

The second prerequisite of a rational and effective public health administration is *the accurate and complete registration of all serious illnesses*, whether in private practice or in institutions under medical supervision and control. What has properly been called the "wasted records of disease" constitute, by their non-use at the present time, an indictment of the public health authorities and the medical profession as indifferent to the most vital facts which concern national health and well-being. The conclusions drawn from mortality statistics are naturally of a very high order of intrinsic value, but after all they serve rather historical or retrospective purposes, and quite frequently the lessons drawn therefrom are no longer applicable to a possibly completely changed state of affairs. The statistics of communicable or transmissible diseases are frequently limited chiefly to the acute infectious diseases of infancy, as to which the enforcement of drastic quarantine regulations is least difficult. The reporting of such a disease as tuberculosis is still far from having attained even a reasonable degree of approximate accuracy, so that for practical purposes most of the data are useless and misleading. That much can be done in the direction of broadening the plan and scope of such disease reporting has been made evident by the gratifying results in the State of Mississippi, where trustworthy returns are now being made by over 90 per cent. of the physicians throughout the State. The reluctance on the part of the medical profession and the unwillingness frequently shown to completely fill out certificates of communicable diseases and to promptly forward the required information to the central office of the State or local board of health are but further evidence of a failure on the part of the medical profession to clearly realize its public status and semi-official relations to the government. As perhaps the most conspicuous illustration of unwillingness or indifference in this respect mention may be made of the failure of a large number of physicians in practice in the Sacramento Valley of California to promptly and accurately report current cases of malaria at a time when the increasing frequency of the disease, in consequence of the extension of irrigation and rice-growing projects, constitutes a serious menace to the present and future health and welfare of the people of the State. Equally lamentable is the apathy on the part of the State health authorities to bring about the drastic enforcement of the official rules and regulations which require such reporting but which are often treated with official indifference little short of contempt.*

*See in this connection the observations and data on the failure of the U.S. Public Health Service to secure complete returns of malaria morbidity through the co-operation of practising physicians in the Southern States as set forth in my address on "Malaria in Peace and War", prepared for the National Committee on Malaria, Prudential Press, 1918.

Objections will be raised to the suggestion that the reporting of serious diseases, including such, for illustration, as diseases of the heart and circulatory system, of the urinary system, of the respiratory system, all forms of tumours, etc., would impose a very considerable amount of additional clerical labour upon more or less overworked physicians in private practice, while, on the other hand, there would be the risk of making public information considered at law entirely confidential between patient and physician. The answer is that the physician would not be required to communicate the name of the person concerned, but only certain essential statistical facts, such as age, race, occupation, locality, etc., together with the nature of the disease, the duration of the treatment and the results thereof, conforming, broadly speaking, to the practice which now prevails in private and public hospitals. The only reason why the term "serious disease" is used is that, for the present, no complete list of such diseases as would most urgently require reporting is offered, and to make it clear that there is no intention of imposing upon the medical profession the very considerable burden of reporting all trivial ailments, of slight statistical, medical or economic value. It is precisely on this ground that the most serious objections lie against the compulsory system of health insurance, in that no discrimination is exercised in the form of treatment and that the major portion of time, thought and expense is devoted to trivial and partly imaginary ailments, to the serious disadvantage of patients in urgent need of highly specialized skill, prolonged nursing care, etc. In medicine, as in everyday life, a choice must be made between that which is of major and that which is of minor importance. The same regrettable errors which underlie our public library management impair the practice of compulsory sickness insurance, in that in the former most of the public money is wasted on books and periodicals practically within the reach of every one, while the more costly works of reference, scientific periodicals, etc., urgently required by earnest students seeking to advance the interests of some one branch of science or another, are generally not available. Neither in Germany nor in England, under social insurance, are those who are most in need of thoroughly qualified medical or surgical skill, or prolonged nursing care, surgical or other appliances, high-priced medicines, costly institutional treatment, radium, X-ray, etc., cared for as their condition most urgently demands.* For these and many other reasons it would not seem advisable to require the reporting of minor

*For an extended discussion of the more involved aspects of compulsory health insurance, see my address on "Facts and Fallacies of Compulsory Health Insurance", Newark, 1918, and a paper on "The Failure of German Compulsory Health Insurance—A War Revelation", read before the Association of Life Insurance Presidents, New York, December 6th, 1913.

or trivial ailments such as constitute in every-day practice a large proportion of the cases, having neither much pathological nor sociological significance; but it is insisted that the more serious types of disease should be systematically and accurately reported, so that their respective degree of frequency occurrence may be known and thoroughly understood. No real progress can be made in public health, in the larger sense, until the essential facts of health and physical well-being are made available and practically applied by those qualified to do so.

A Ministry of Health

The question involved goes to the root of the whole problem of *health* administration. A voluminous discussion in connection with the proposed Ministry of Health for the United Kingdom leads inevitably to the conclusion that no satisfactory solution can be had without a complete reorganization of the medical service in its relation to the general public.* As well said by Dr. Addison, Minister of Reconstruction, on November 7th, 1918, in a parliamentary discussion of a bill to establish a Ministry of Health, "The main purpose of the bill was to bring together under one body of men and one ministry the chief government departments concerned in matters affecting the health of the people. The bill did not provide medical treatment for any individual, nor did it affect the functions of any local authority of any kind". In other words, the bill proposes merely the reorganization of existing public health functions, no serious attempt being made to establish a national health service upon a new foundation of basic principles governing the true health and physical well-being of the people.

More than a hundred years ago a New York physician, Shadrach Ricketson, in a work on "The Means of Preserving Health and Preventing Diseases", directed attention to the fact that modern (sic) medical practice was largely at variance with the ancient past when "a class of physicians called hygienists attended people only in health, in order to preserve it and to prevent diseases". "Although", he continues, "these practitioners have become extinct in this age, yet there is good reason to believe that they might be usefully revived and reestablished and that they would in great measure frequently supersede the necessity of the therapeutic or curative physicians of the present day". This argument, advanced in the year 1806, applies with decidedly stronger force at the present time, in view of the much more widely diffused understanding of the general principles of personal hygiene and the practical disappearance from among the population at large of seriously wrongful habits, gross intemperance in food and drink, indiffer-

*Of historical value is Edwin Chadwick's address on the "Requisite Attributes of a Minister of Health", International Congress of Hygiene, Paris, 1878.

ence to unsanitary surroundings, etc. The suggestion made by Ricketson at the time may here be repeated, that "The idea of making every person his own physician in the cure of diseases appears foreign and in great measure impracticable; but as far as respects the prevention of them and the preservation of health, are more or less attainable by all who will attend to the means". In other words, *health* depends primarily upon a rational mode of living, with a due regard to "air, climate, drink, food, sleep, exercise, clothing, passions of the mind", etc.*

It is difficult to conceive how the proposed Ministry of Health can possibly meet the broader requirements of the bill in the direction suggested, as regards the multitude of matters which concern individual health and well-being. As long as a Ministry of Health is made to rest primarily upon the police powers of the nation, and of these chiefly the principle of quarantine, or the control of infectious and contagious diseases, the largest possible measure of progress in physical health and physical efficiency will not be attained. It is true that the proposed Ministry is to include such important functions as the work of the Health Insurance Commission; of the Board of Education, as regards the health of mothers and infants; of the Privy Council, as regards midwives; and of the Home Office, as regards the protection of infant life. These functions are naturally involved in the larger question of national health administration, but subsidiary to the fundamental principle of the physical examination and medical supervision of at least that portion of the entire population whose ages fall below the year of legal majority, the reporting of all serious diseases and a limited state medical service.

The foregoing observations are not to be construed as an argument against the proposed Ministry of Health, which, though materially limited in plan and scope, should nevertheless result in most urgently required and far-reaching reforms. As has been well said in an editorial in the *British Medical Journal* of November 16th, 1918, "The bill avoids, rather than meets, the major difficulties, but to get it into right focus, it is necessary to remember that it professes to do no more than make a beginning", being merely, in the words of Dr. Addison, "a first installment of the legislation needed to render it possible to achieve real progress in improving the health of the people". And, according to the same periodical, "The appeal set up is that the Ministry of Health should

*The whole subject of personal hygiene is presented in a conveniently condensed form in a manual on proper living upon a physiologic basis, entitled "Personal Hygiene", edited by Walter L. Pyle, M.D., including among the contributors George Howard Fox, M.D., on "Hygiene of the Skin and Its Appendages"; E. F. Ingals, M.D., on "Hygiene of the Vocal and Respiratory Apparatus"; J. W. Courtney, M.D., on "Hygiene of the Brain and Nervous System"; G. N. Stewart, M.D., on "Physical Exercise"; Joel E. Goldthwait, M.D., on "Body-Posture"; and G. H. Bergey, M.D., on "Domestic Hygiene".

be empowered to take all possible steps to secure the effective carrying out and coordination of measures conducive to the health of the people, including the prevention and cure of disease, the remedy of physical and mental defects, the collection and dissemination of information and statistics relating thereto, and the training of persons engaged in health services".

To be continued.

The Social Background.

Special Report of the Medical Officer of Health, Toronto, on the more efficient provision and care for infants and children born out of wedlock and for homeless children in general.—Presented to the Local Board of Health, August 15th, 1919.

PROPER provision for the efficient care of children of illegitimate parents is one of the most important problems confronting municipalities at the present time. The twentieth century has frequently been referred to as the century of the child. Never were the interests of children given so much consideration. Never did child welfare make so universal or so strong an appeal. But in respect to children unfortunate enough to be born without the sanction of law, we have still to experience an awakening. In respect to children who are, or may be, denied the advantages of their own parents' homes, our methods are also in urgent need of reform.

Are we Playing Fair with the Child?

If we are sincere in our moral obligations to the parentless child, we must first see to it that our laws affecting these children are stripped of their cruelty and injustice. How long is our so-called Christian civilization going to tolerate the gross injustice of branding the innocent, helpless child born out of wedlock as an "illegitimate child". It would be difficult to conceive of anything more cruelly unjust. We are trying to correct immoral conditions with laws that are themselves immoral. Surely the child born out of wedlock has been sinned against enough as a result of the nine months' continuous nervous strain through which the mother has had to pass, forced to conceal her condition until the last moment, with no one to give her advice or guidance as regards her own well being as well as that of the unborn and unwelcome stranger, in consequence of which, it is more or less handicapped with a poor physique and a nervous and sensitive temperament to face the trials of a life that is made unnecessarily hard. Other children have a father and a right to use his name, and their birth certificates do not contain the brand of illegitimacy as does that of the unfortunate child born out of wedlock.

When will our Christian civilization cease from this martyrdom of labelling the innocent offspring of illegitimate parents "illegitimate". As Hartley said, "All this cruel action has been done in the name of morality. Let us tear the mask from the lying face of our social conscience". The urgent duty that rests upon the state and upon all of us is the duty of taking action to prevent the penalty of illegitimate parents

being paid by the innocent child. A law is urgently required that will facilitate the establishment of paternity and will hold the father responsible for the support of his child and will give to the child the name of its father, whether in or out of wedlock. This is no brief for illegitimate parentage, which cannot be too strongly condemned, but it is a plea for the rights of the innocent child.

Child placing in Toronto.

In September, 1917, I pointed out to this Board the advantage of private homes as compared with institutions, for the care of infants. Attention was directed at that time to the fact that was recognized ten years ago by the White House Conference on the Care of Dependent Children, and formally re-affirmed at the National Conference of Social Work this year, namely, that "as to children who, for sufficient reasons, must be removed from their own homes, or who have no homes, it is desirable that, if normal in mind and body, and not requiring special training, they should be cared for in families whenever practicable. The carefully selected foster home is for the normal child the best substitute for the natural home".

Advantages of Placing in Families.

The fact that the family is the normal environment in which to rear a child is important. The individual care and affection that is only possible in the very small group is an overwhelming argument for family care, to say nothing of the elimination of the communicable disease hazard that is so great in the institutions that care for children in bulk.

Placing Must be Properly Done.

This presupposes, however, that the placing out is done with great care and skill by highly trained agents of some responsible child-placing organization, after exhaustive study of the family history and circumstances of the child himself and of the home in which it is to be placed in order to be sure that placing out is the correct solution of that particular child's problem, and that the child to be placed and the prospective foster home are fitted to each other.

Haphazard Placing.

Unfortunately, placing out in Toronto has not always been safeguarded in this fashion. This is particularly true of the placing out of babies in licensed baby boarding homes. Under the Maternity Boarding Houses Act these private homes are licensed by the Medical Officer of

Health to board babies for gain. The Medical Officer of Health is responsible only for the character and conduct of these homes from the health point of view—to see that they are reasonably safe places in which babies may be boarded. The question whether any particular child should be placed in one of these homes does not legally fall within the scope of the Medical Officer's discretion. The homes are licensed to carry on a business with all comers. The condition of premises and the equipment necessary are prescribed and supervised, as are also the methods to be employed, and the number of babies to be boarded, but when these requirements are met, it would seem that the licensee is authorized to admit any child for whom admission is sought, unless its admission may prove a health hazard.

No Public Control of Child Placing.

The great majority of the children placed in licensed boarding homes are brought there by parent or friend, and no responsible organization is consulted as to the wisdom of the step, nor is the social welfare of the baby, as distinct from its immediate physical welfare, under either direct or indirect supervision of the State. *In my opinion, no child should be cared for in a home not its own without the approval and supervision of some agency authorized by the State to look after the interests of the child.*

What this Department has Done.

For a number of years, the Department of Public Health has been attempting to control, in some measure, the admissions to these homes, at the same time protesting vigorously and continuously that this was not primarily a health function, nor was it one for which this Department seems best provided with legal powers.

We have always thought that the Children's Aid Society, which is the body to which the State has delegated the social side of child welfare, including the placing and guardianship of unfortunate children, is the logical body to concern itself with protecting the interests of these babies. With this in view, we have many times brought this matter to the notice of the Children's Aid Society, both with reference to individual cases and to the general situation, but with little result.

Children's Aid Society Limits Itself to Children Over Four Years of Age.

For a long time whenever an unmarried mother came to the office of this Department inquiring for the address of a licensed home in which she could place her baby, it was our custom to refer her to the Children's Aid Society for investigation, advice, and assistance. The Society,

however, would tell her that it could do nothing for her because its Shelter takes no children under four years of age. Apparently it has no equipment for the social investigation or skilled placing out of infants. The result has been that the Department of Public Health has been forced to blunder along in this work in default of some other agency to assume the responsibility.

Moral suasion has been brought to bear upon the boarding home keepers to induce them to admit only cases recommended by this Department, but the investigations have been necessarily inadequate, the workers untrained in this specialty, and the work done only in a very superficial manner. In many cases also admissions have been recommended by the Court or other agency and in others admission was made without our consent.

Efforts to Obtain Re-organization.

In March, 1918, realizing that the time had come when it must be decided definitely what organization was to be responsible for this work, I laid the case before Mr. J. K. MacDonald, President of the Toronto Children's Aid Society, who promptly called a conference of the various agencies interested in the social welfare of children in Toronto to discuss this problem. It was felt that some organization should assume responsibility for the welfare of neglected and dependent children and those in danger of becoming such, no matter what their ages. It was shown that no adequate plan for a child's future could be worked out if one organization was responsible up to four years of age, another from four to fourteen, and so on. The need of a highly efficient bureau was recognized by all, particularly to prevent, in many cases, the separation of mother and child, and also, when necessary, to conduct home finding on the most approved lines. So far as the baby homes are concerned, we felt that if such a bureau were established with adequate backing, the keepers could be made to see the advantages of admitting only children recommended by the Bureau. By a vote of the Conference it was agreed that the Children's Aid Society, by reason of the character of its work and its peculiar legal powers, was the proper agency to undertake the organization of such a bureau. A committee was formed for the purpose of enquiring into ways and means, but this committee has not yet reported. On several occasions we have made enquiries as to progress, and both the Neighbourhood Workers' Association and the Child Welfare Council have sent deputations to the Children's Aid Society to urge action along these lines and to offer their hearty co-operation and support, financial and other. The committee is still in existence but no action has yet been taken.

Open Door makes Separation of Baby from Mother too Easy.

The situation is so serious as to be a standing reproach on our civilization. At this time when, for various reasons, the tide of illegitimacy is at its height, the open door of the commercialized baby home is making it far too easy for an unmarried mother to evade the responsibilities of her mistake. In the interests of the child in nearly every case the mother should be required to remain with it at least to the end of the nursing period.

Separation is now on Basis of Convenience, not Baby's Welfare.

It should be only after all of the other possibilities are exhausted that a mother should be permitted to separate herself from her baby—marriage to father of child, support by father of child, return to family, admission of mother and babe to a suitable institution, to a suitable family boarding place, or to a suitable private home on wages. No organization in Toronto is seriously attempting to exhaust these possibilities. The worst solution of the infants' problem is often the one that is easiest for the unfortunate mother.

It is particularly regrettable that no satisfactory machinery is at hand to compel the delinquent father to assume his share of the burden, nor does any organization consistently expend much energy upon utilizing what machinery is available.

Effect on the City Treasury.

The "open door" feature of the licensed baby homes (and certain institutions), cannot but result in the City of Toronto being imposed upon. If any child can be admitted for whose maintenance payment is offered, there is no legal method of preventing non-residents of Toronto from using our homes to avoid publicity in their own localities. When, after a time, the parent ceases to pay for the child and disappears, the child becomes a charge upon the City of Toronto. Usually it is then too late to obtain the information that would enable the authorities to trace up the responsible parties and even to establish the responsibility of the municipality from which the child was brought. The fact is that, although the Children's Protection Act makes the municipality of the parent responsible to the Children's Aid Society for maintenance, it has not always been found possible to get another municipality to pay for a child deserted in Toronto, even when the evidence of responsibility is obtainable.

If the application for admission could be adequately investigated and the admissions controlled, it is probable that the out-of-town cases that are likely to become a public charge could be eliminated in the beginning,

and sufficient data could be collected about such cases as were received to simplify the tracing of the responsible parties if they should attempt to disappear.

Effect on Licensed Boarding Homes.

The fact that children may be placed in licensed homes by anyone who so desires means that the boarding home keeper makes her bargain with some private individual and not with a responsible child-placing agency. The keeper must, in every case, assume considerable risk of financial loss and troublesome legal complications if the baby is deserted. In such a case, the boarding home keeper is at the expense of maintaining the baby until the case can be finally disposed of by the Juvenile Court, which, for obvious reasons, usually requires a very long period. As the person in actual custody of the child, she has to bring the case to Court, produce all the evidence required by the Judge, and is expected to conduct the case. Of course these women are quite unable to do this with justice to the infant, and the attending loss, labour, and annoyance has resulted in driving out of the business the better class of women.

I regret to say that, even in cases of wards of the Children's Aid Society for whom municipal maintenance has been ordered by the Court, the boarding home keepers are subjected to such exasperating treatment that this has been the reason for several of the better homes announcing their intention to close up. Children are readily accepted from the Children's Aid Society because it is thought that the difficulty with reference to payment cannot exist. In actual fact, however, the Society refuses to pay the woman until the City of Toronto pays the Society. In some cases this means waiting many months. As most of these women are depending upon the payments to conduct their homes, they are not in a position to extend credit and should not be expected to do so to the incorporated body which officially represent the richest Province of the Dominion and also the richest city of that Province.

War conditions have resulted in an unprecedented number of children in distress and the consensus of expert opinion is that the family home is the best institution in which to place the child who must be cared for away from its mother. However, in spite of these facts, instead of the number of homes licensed for this purpose being increased and the standards improved, the numbers have steadily diminished and many of the better homes have been eliminated by the financial uncertainty and legal annoyance cited above.

In March, 1918, there were 99 baby boarding houses, whereas there are now only 62, and several of these are about to be closed up.

The demand for accommodation in these homes recently has been more urgent than ever before. In the past seven days, sixteen applica-

tions for vacancies in these homes have been received at our main office alone. Many cases are so urgent that they cannot be refused, and when the homes are already full, the result is over-crowding with its attending evils. These conditions become particularly aggravated when the infant institutions are under quarantine and are unable to admit any cases (as one or other of them usually is). Under these conditions, deserted babies that have to be housed somewhere by the Juvenile Court of some agency, must be admitted to baby homes regardless of whether they are already overcrowded. Similarly, when a mother is in hospital and temporary care must be provided for the baby, the licensed home is the only possibility if the institutions are in quarantine. Thus the pressure of need not only has forced us to permit more babies in certain homes than the best interest of the babies would suggest, but also some homes have been retained which, if the pressure were not so great, would not be permitted to continue in the work.

In March, 1918, 121 babies were cared for in 99 homes, whereas at present there are 117 babies in only 62 homes.

Recommendations.

In view of the foregoing facts, it must be apparent that the following steps are urgently required. (Detailed recommendations of ways and means are not in order in this report, but will be forthcoming when a comprehensive programme is being planned).

(1) *Legislation should be obtained prohibiting the placing out of children either in free or boarding homes excepting by some responsible agency authorized by the Province to do this work.* (*Probably the Children's Aid Societies*). This would mean that persons wishing to place a child out would have to apply to the authorized agency which alone would be competent to make the agreement with a foster home. Such legislation would substitute organized scientific child-placing for the haphazard, unsupervised dodging of parental responsibility that exists to-day. This would enable the homes to be properly selected for individual needs, would make payment certain, and would make a recognized agency responsible in case of desertion, etc. The Department of Health would still continue to co-operate by supervising health conditions of such homes as are used by the agency and by affording the advantages of Child Welfare Clinic Service, which includes complete physical examination and periodic observation and skilled advice on feeding, bathing, clothing, sleep and general care of each child below school age.

(2) *Any Agency authorized to do child-placing work must be required to adequately equip itself for the purpose.* A highly trained specialized staff is essential for this most exacting work. Moreover there should be a breadth of vision, a spirit of service and a lively appreciation of the

responsibility, dignity and importance of this most humanitarian work.

(3) The Agency so authorized and equipped should not devote its organization and attention to finding homes or boarding places for all comers, but to diagnosing the real need of the child and meeting that need. In other words, *the preventive side of the work must be developed as well as that of treatment.*

This would include the consideration and utilization of the several possibilities of each case other than placing out. Special attention should be given to making the parents and relatives assume their obligations. When it is considered necessary to separate mother and child, the agency should use the greatest deliberation in selecting the best care for the particular child, whether institutional or other.

Adequate physical and mental examination with prompt correction of remediable defects are an essential part of good child-placing.

An important function of such an agency should be to find suitable homes that are willing to care for children as a public service.

(4) *The Agency must be supplied with sufficient funds to carry on its work effectively.* Under the Children's Protection Act, the Children's Aid Societies are reimbursed by the municipality for the maintenance of children committed to their permanent custody or in their temporary care, upon application being made to the Juvenile Court for the necessary order. This would seem to cover most of the need. However, we understand that, up to the present, it has not been customary for the Societies in Toronto to assume temporary care of infants who have not yet been made wards, because they have not been aware that provision is made in the Act for the maintenance of such children.

Moreover, the St. Vincent de Paul Children's Aid Society is prohibited by Orders-in-Council from applying for any municipal support. This provides an excuse for inadequate service and should not be perpetuated. In my opinion the interests of the children would be better served by only one non-sectarian Children's Aid Society. Toronto is the only part of Ontario that has a separate Roman Catholic one. However, if there are to be two societies, they must both be adequately supported.

We might suggest, in passing, that this work is one that appeals to private philanthropy as no other does, if properly conducted and effectively presented.

(5) *Legislation should be obtained providing the necessary legal machinery to establish the parentage of children and to effectively compel illegitimate fathers to contribute to the support of their unfortunate children, and to give such children more satisfactory legal status, in fact all the status of the child born in wedlock.*

(6) *More adequate accommodation should be provided for the housing of mothers with babies throughout the nursing period,* and for their placing

and supervision afterward. The present institutions are arranged upon the "congregate" plan where the inmates are cared for "in bulk". Institutions on the "cottage system", properly organized, and located in the country, would be much preferable from the point of view of individual care and approximation to family life, and also from that of preventing the spread of communicable diseases. It should never be necessary to quarantine a whole institution because of a few cases of infection.

Provision should be made for intelligent and sympathetic classification of mothers in such institutions, and special provision should be made for the distinctly feeble minded group, as many of these mothers are in the moron class.

Mothers should not be thrown entirely upon their own resources when discharged from such institutions.

Boarding of mothers with babies in private families, and employment of such mothers in private homes should be carefully and systematically developed by the proper child welfare agency.

(7) *In many cases the question of whether or not the child and mother should be kept together after the nursing period can only be determined after a careful investigation by a psychiatrist to decide whether or not the mother is competent to become the guardian of the child.* We must not mistake the emotionalism of these mentally weak mothers for efficient maternal instinct. This emotionalism that will cause the mother to caress and fondle her child for half an hour or even an hour a day and to neglect it for the balance of the day, does not qualify her to be the guardian of the child. There is an element of danger here that cannot be overlooked. The duty of the State is primarily to the child.

(8) *Some arrangement must be made for the admission of nursing babies to hospitals with their mothers.* At present the Isolation Hospital is the only large hospital in Toronto that will admit a mother and nursing baby. For either mother or infant to have hospital treatment it is necessary at present that the baby be wet nursed or weaned.

The Provincial Board of Health of Ontario

THE health of the Province, as indicated by the reports of the Local Boards of Health of communicable diseases for the month of August may be considered very satisfactory. The decrease in cases is over 550. The most marked reductions are in typhoid fever, measles and whooping cough, the total deaths being the same as in the corresponding month of last year (175) exclusive of influenza, influenzal pneumonia, and primary pneumonia which were not reported in 1918. Smallpox, scarlet fever and diphtheria show a slight increase as may be seen in the comparative table.

The reports of Medical Officers of Heal th of venereal diseases show a decrease of 119 cases.

COMPARATIVE TABLE

	1919 August		1918 August	
Diseases	*Cases*	*Deaths*	*Cases*	*Deaths*
Smallpox	30	0	21	0
Scarlet Fever	120	2	101	1
Diphtheria	190	27	164	11
Measles	64	0	347	6
Whooping Cough	112	14	246	12
Typhoid Fever	69	16	240	27
Tuberculosis	176	109	206	116
Infantile Paralysis	3	0	5	2
Cerebro-spinal Meningitis	8	8	1	0
Influenza	8	0	0	0
Acute Influenzal Pneumonia	0	30	0	0
Acute Primary Pneumonia	0	28	0	0
Relapsing Fever and Dysentery	0	1	0	0
	780	235	1331	175

NOTE—The last four diseases were not reported in 1918.

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH

Diseases	August 1919 *Cases*	August 1918 *Cases*
Syphilis	104	108
Gonorrhoea	169	280
Chancroid	5	9
	278	397

SMALLPOX CASES REPORTED

FOR AUGUST, 1919

	Cases
Brantford	1
Belleville	5
St. Catharines	2
Peterboro	8
Hamilton	5
Hespeler	1
Acton	1
Raleigh Tp.	1
Springer Tp.	1
Field Tp.	3
Belmont Tp	1
Smith Tp	1
	30

News Items

Captain R. R. McClenahan, C.A.M.C., has returned from overseas after nearly four years service. Captain McClenahan was formerly C.O. of the Divisional Laboratory, M.D. 2. He then organized a Sanitary Section which he took to England and later to France, where he joined the Fourth Canadian Division. He later served in a Canadian Field Ambulance in France.

Dr. G. G. Nasmith has resigned as Director of Laboratories, City Health Department, Toronto; the resignation to take effect the first of the year.

Major W. L. Hutton, C.A.M.C., has resigned his commission in the Canadian P.A.M.C. and has been appointed Medical Officer of Health for Brantford.

Captain Chester Brown, C.A.M.C., formerly of Williams Head Quarantine Station, Victoria, B.C., has returned from overseas Service, and has been made C.O. of the Divisional Laboratory, M.D. 2.

The Ninth Annual Meeting of the Canadian Public Health Association is to be held in Vancouver, B.C., in June, 1920, and not in Edmonton as at first intended. The Canadian Medical Association will meet in the same place, at about the same time.

Lt.-Col. R. E. Wodehouse, C.A.M.C., District Officer of Health, Fort William, Ontario, has returned from overseas service. Col. Wodehouse with Col. G. G. Nasmith proceeded overseas from Valcartier with the first contingent in October, 1914.

Dr. John A. Amyot, C.M.G., Deputy Minister of Health, Federal Health Department, Ottawa, spent some time in Washington early in September, in consultation with officers of the United States Public Health Service.

Major W. C. Laidlaw, C.A.M.C., has returned from overseas and has resumed his duties as Secretary of the Provincial Board of Health of Alberta, Edmonton.

Dr. Heber C. Jamieson, Acting Provincial Bacteriologist of Alberta has had to give up his work temporarily and take a prolonged holiday. The Journal extends very best wishes for a speedy return to health.

Preparations are already being made for the Ninth Annual Congress of the Canadian Public Health Association in Vancouver in June, 1920.

The Annual Meeting of the Canadian Association for the Prevention of Tuberculosis will be held in Ottawa on October 9th next. Dr. George D. Porter is General Secretary of the Association. It is hoped that all who are interested in this most important subject will be in attendance at the meeting.

The Rockefeller Institute has received the following letter from the Surgeon General of the United States Army:

Office of the Surgeon General,
Washington, D.C.

The Director and the Trustees of
The Rockefeller Institute for Medical Research,
66 St. and Ave. A., New York, N.Y.

Dear Sir and Gentlemen:

During the war which is now happily past, your Institute proved to be one of America's strongholds. I am informed that from the beginning to the end of hostilities the entire institution was placed by you at the disposal of the War Department and that you did work of the greatest value, not alone for the Medical Department but for the Chemical Warfare and Air Service; that your hospital as well as your laboratories became in effect as much a part of the Army as the hospitals and laboratories established by the War Department in our cantonments.

I have also been informed that this great work, extending ever the whole period of our participation in the war, was paid for entirely out of your own funds, and was without further support from the Government than the routine payment of salaries of such members and assistants of the institute as became part of the Medical and Sanitary Corps.

I thank you for your work of patriotism and your generosity in placing so fully at the disposal of the Medical Department your great and productive facilities for research, for teaching, and for the care of the sick.

Very sincerely yours,
(Signed) MERRITTE W. IRELAND,
Surgeon General, U.S. Army.

A.P.H.A. TO MEET IN NEW ORLEANS.

The next annual meeting of the American Public Health Association is to be held at New Orleans, Louisiana, October 27th to 30th inclusive. The central themes of discussion will be southern health problems, including malaria, typhoid fever, hookworm, soil pollution and the privy, etc.

The general belief among the health profession is that influenza will return next winter, and a full session will therefore be devoted to this subject for the purpose of developing methods of control.

A special effort has been made to arrange the programme to meet the practical needs of health officials. Accordingly there will be discussion on such questions as the attitude of legislators towards public health, the obtaining of appropriations, co-operation from women's clubs, health organizations, etc., the organization of health centres, and so on.

The programmes of the sections will, as usual, deal with public health administration, vital statistics, sanitary engineering, laboratory methods, industrial hygiene, sociology and food and drugs.

Two special programmes will also be presented on various phases of child hygiene and personal hygiene.

Winter railroad rates to New Orleans will be in effect from all points after October 1st.

The programme of the meetings will be published in the "American Journal of Public Health" appearing October 5th or may at that time be had upon application to the Secretary, 169 Massachusetts Avenue, Boston, Massachusetts.

The Nineteenth Annual Meeting of the Canadian Association for the Prevention of Tuberculosis

Under the distinguished patronage of His Excellency the Governor-General, the Nineteenth Annual Meeting of The Canadian Association for the Prevention of Tuberculosis will be held in the Chateau Laurier, Ottawa, on Thursday, October 9th, 1919, beginning at 10.30 o'clock. Jose A. Machado, Esq., president; Geo. D. Porter, M.B., secretary. The public are cordially invited to attend these meetings.

Programme.

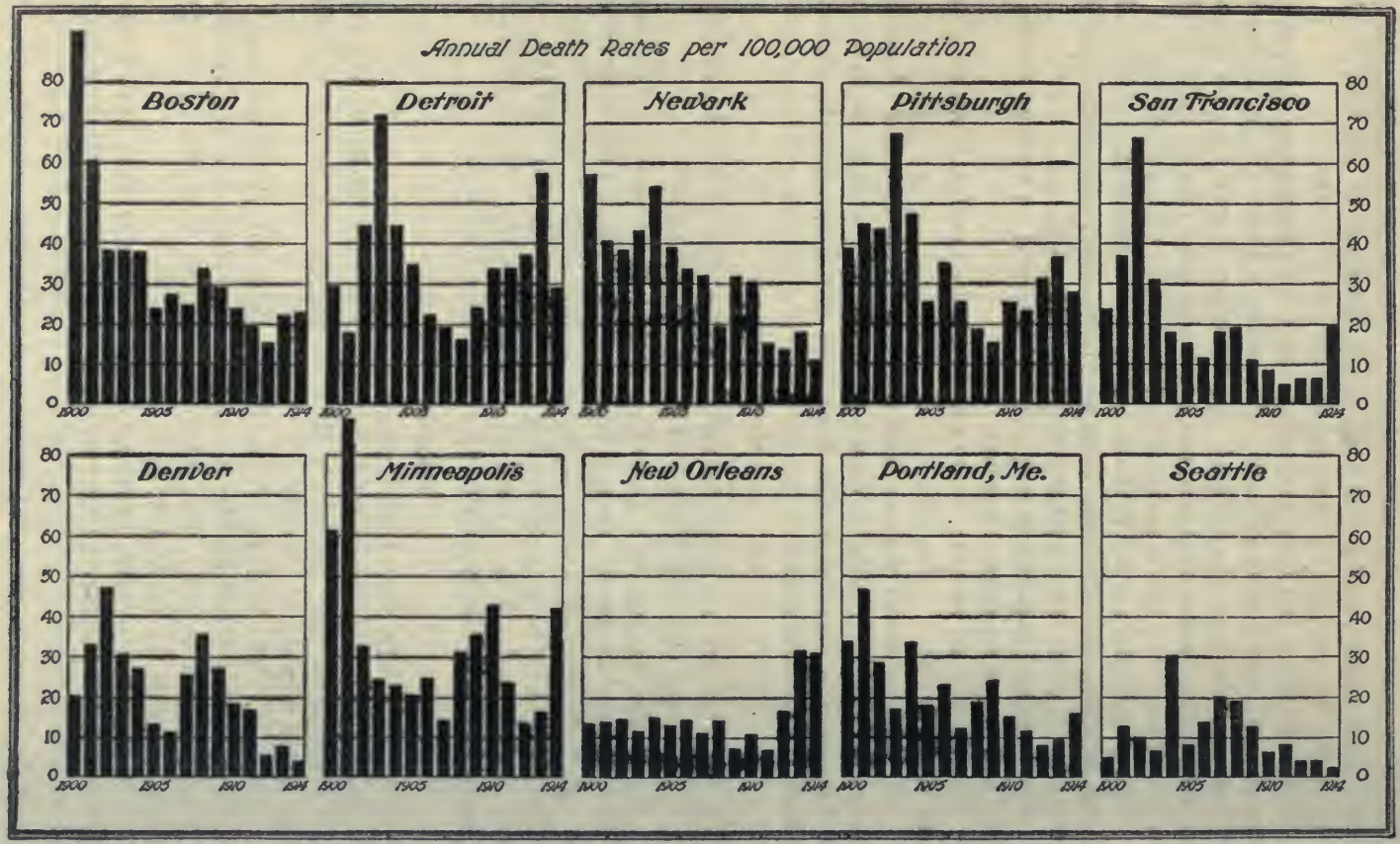
9.30 a.m. Meeting of the Executive Council.

10.30 a.m. Secretary's Report, Geo. D. Porter, M.B.; Nomination of Committees, The X-Ray in the Diagnosis of Pulmonary Tuberculosis, Dr. Harold M. Tovell.

2.00 p.m. The Visiting Nurse, Elizabeth E. Harris; What ought to be taught to-day about the Prevention of Tuberculosis, Dr. W. J. Dobbie; Tuberculosis in Infancy, Dr. Alan Brown; The Problem of the Discharged Soldier, Lieut.-Col. J. H. Elliott.

8.15 p.m. President's Address, José A. Machado, Esq.; The Present Needs of the Tuberculosis Campaign, Dr. John B. Hawes, Boston, Mass.; Election of Officers.

Mortality from Diphtheria and Croup



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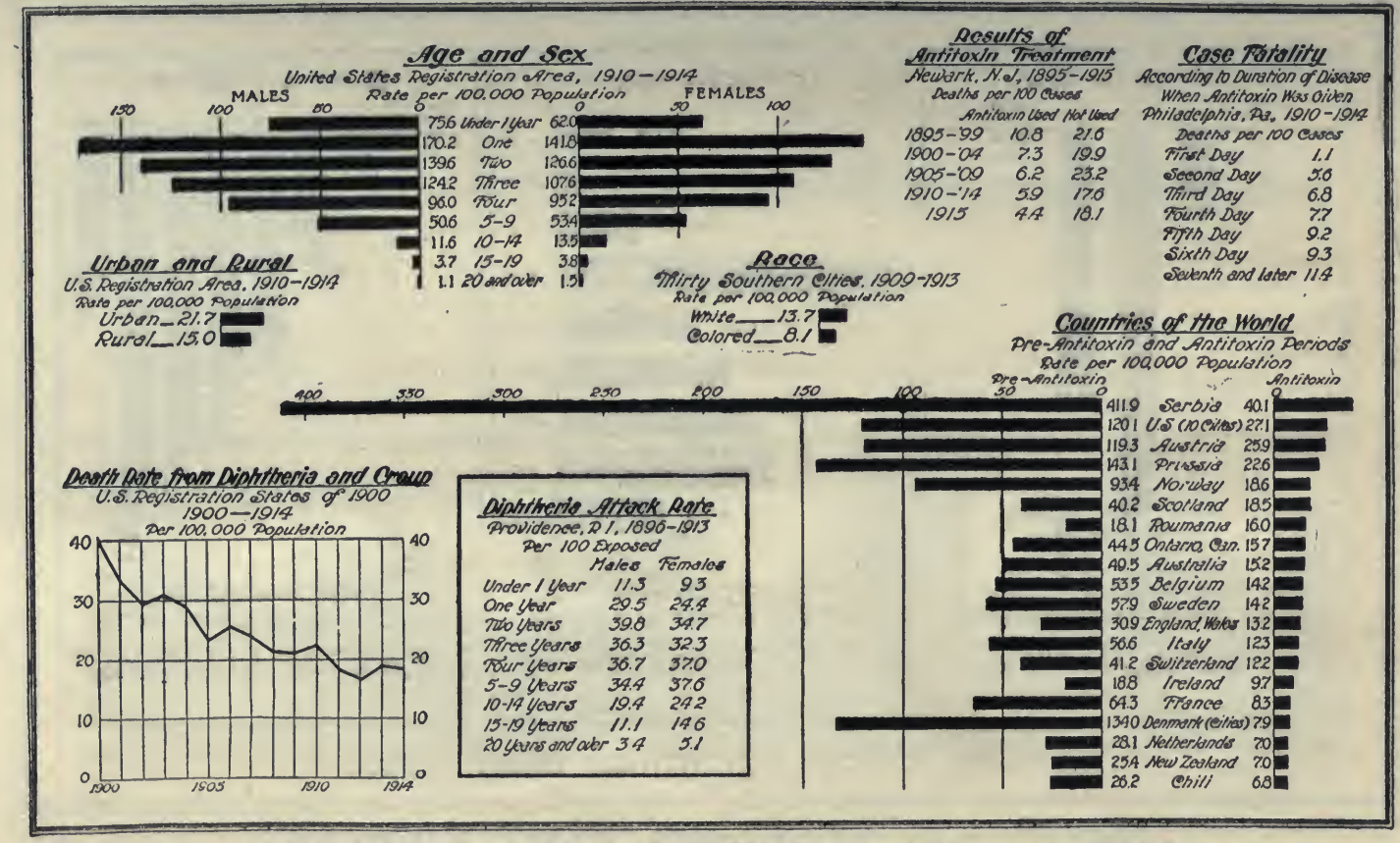
Mortality from Diphtheria and Croup



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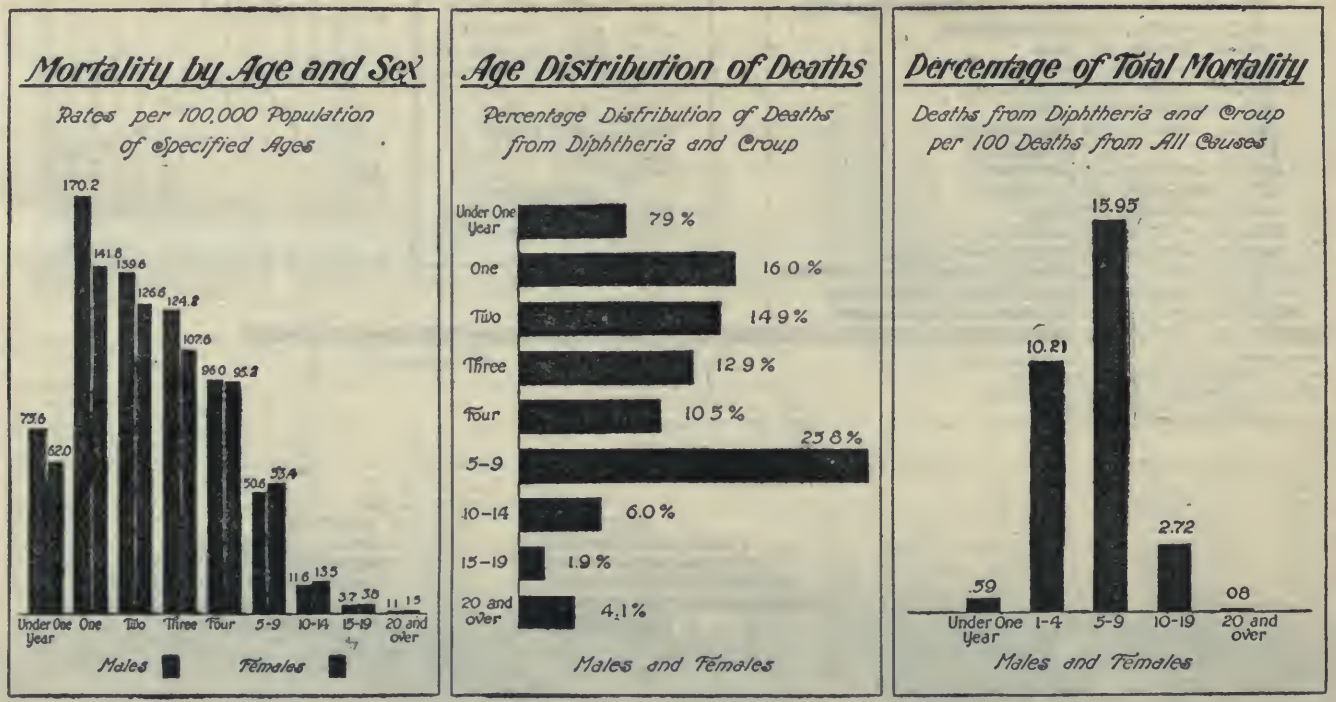
Mortality from Diphtheria and Croup

United States Registration Area, 1910—1914



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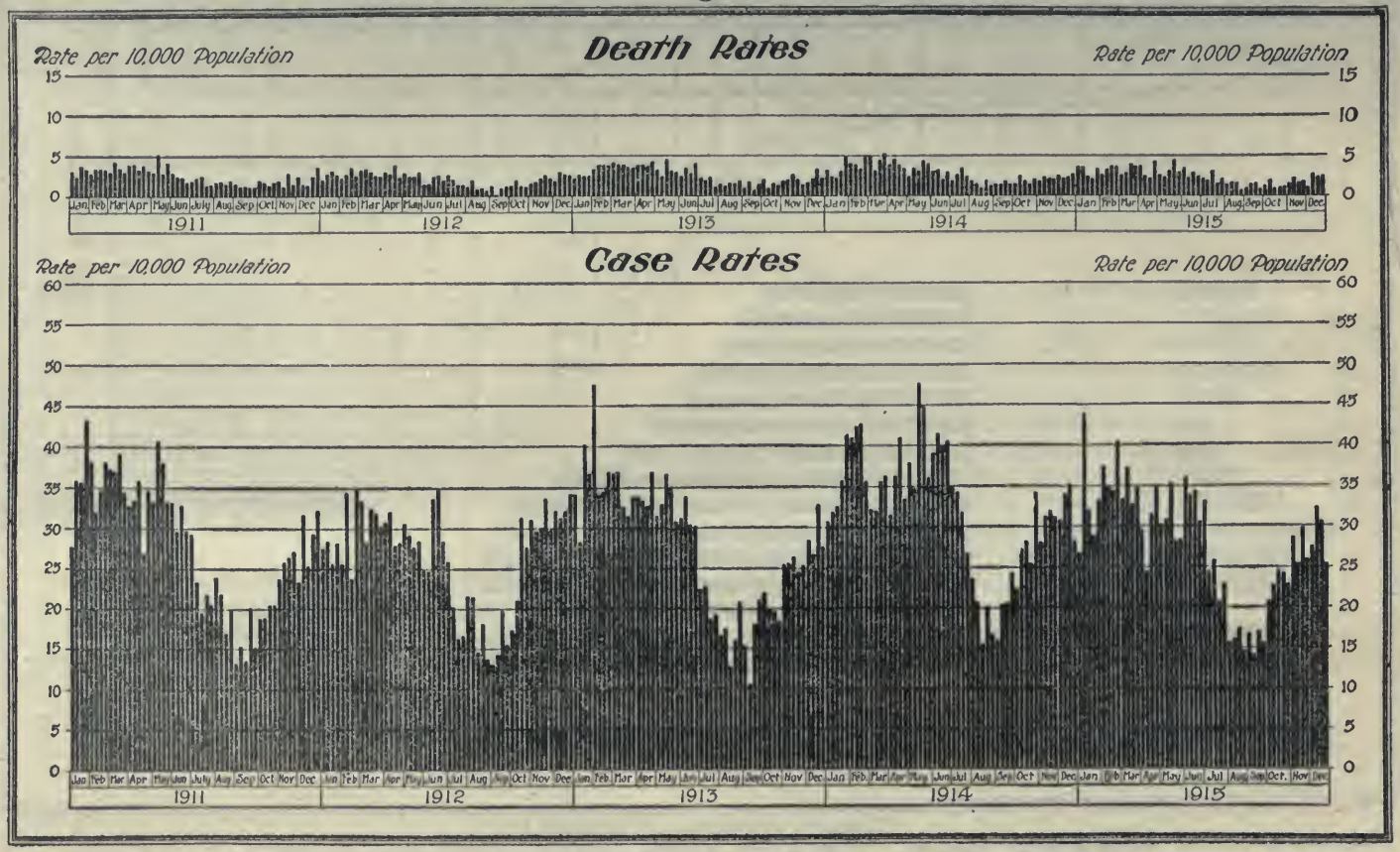
Seasonal Prevalence of Diphtheria and Croup

New York City, 1911 to 1915



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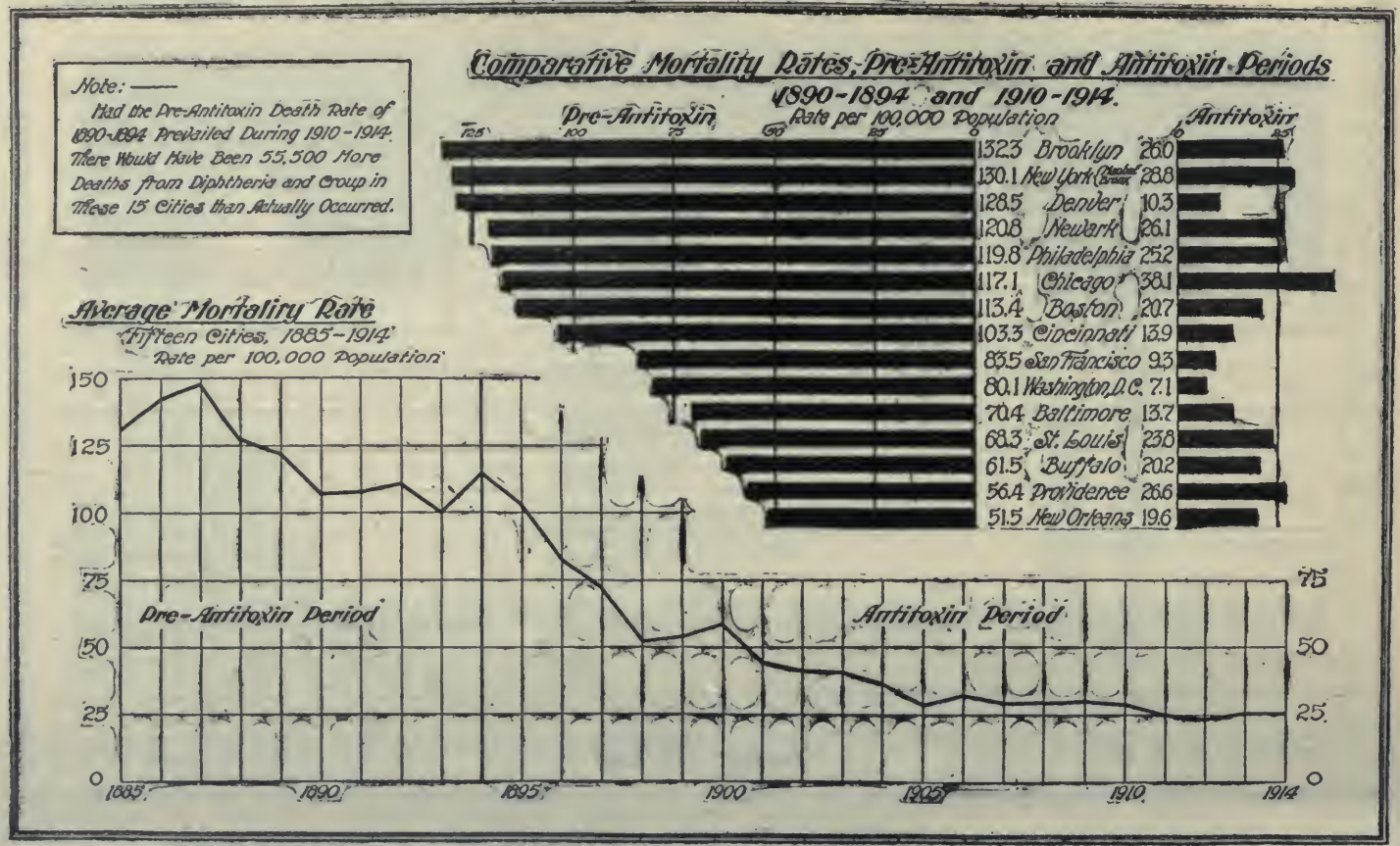
Mortality from Diphtheria and Croup

Fifteen American Cities



Original Tabulation, Statistician's Dept., The Prudential Insurance Co. of America

Editorial

Diphtheria Deaths

WE have endeavoured in recent numbers of the JOURNAL to direct attention to the subject of preventable deaths from diphtheria.

The necessity for widespread public health educational activity has been emphasized. One of the most useful methods of carrying on such educational work is by the use of charts dealing with diphtheria mortality. These charts can be used in reprint form, as leaflets, or they may be enlarged and used as posters or finally they may serve the purpose most satisfactorily as lantern slides.

Thanks to the Prudential Insurance Co. of America we are able to reproduce a series of charts illustrating various important diphtheria deaths. We will be glad to arrange to have these supplies at cost by the publishers of this JOURNAL; to Medical Officers of Health, School Medical Officers, Public Health Nurses and any others interested in this important subject.

The Care of Dependent Children

In the Social Background section of this issue is printed the special report of the Medical Officer of Health of Toronto, dealing with the problem of dependent children, with special reference to the children of unmarried mothers. It draws attention in a striking way to a condition of affairs in Toronto so acute as to become almost a scandal. Every year there are hundreds of children born (to use Dr. Hastings' phrase), of illegitimate parents and added to these are many others who through death of parents or bad home conditions, become a public charge.

The matter of the proper disposal of these children is a question of supreme social concern and the report very properly points out that there is now no body which definitely assumes this responsibility. The Children's Aid Society is the organization, which has been given legal power and authority to properly handle these questions. If it be true that the Children's Aid Society of Toronto limits its activities to children over four years of age it should state so publicly and publicly refuse a responsibility which as a matter of fact it is not actually carrying. It would then be in order to secure legislative authority for some organization

which would take that responsibility. It would, however, be a serious matter to cut up in this way the child-caring function and it would be much better if a child-placing expert were engaged by the Children's Aid Society and placed in charge of a Bureau which would be under its own general supervision.

The report opens up a problem which cannot remain where it is. The future of these hundreds of children is too vital a matter to be left to the present haphazard methods of disposal. The problem, as stated in the report, is certainly not confined to Toronto and should be read by socially minded people in other centres with a view to ascertaining whether a similar condition of affairs does not exist in their own locality.

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Librarian, University of Toronto, TORONTO

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169 BAY ST., TORONTO

Increase Your Protection

A recent report of the Civil Service Commission states that while $1000 a year supported a family of five in moderate comfort before the war, owing to the increased cost of living $1550 is necessary today.

According to the above report $1.55 has only the purchasing value now that $1.00 had in 1914.

In view of this do you think your Life Insurance would be sufficient to protect your household in event of your death? To have the same protection today as in 1914 your insurance should be increased at least 60%.

We have the right class of policy to suit your requirements. See our agent in your vicinity or write us direct.

THE MUTUAL LIFE OF CANADA

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We have thought about the young man who sees no prospects ahead. Would you like to be in a business that will give you

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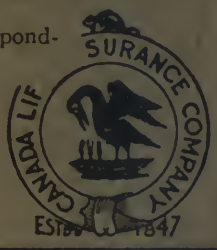
When he is fully prepared for the work, we place him in a position and help him to make good.

The first two lessons of the Company's correspondence course will be sent to anyone interested. It will pay young men who desire to get on in the world to look into this.

All correspondence strictly confidential.



CANADA LIFE ASSURANCE CO.
Head Office: TORONTO.

The Public Health Journal

Vol. X NOVEMBER, 1919 No. 11

The Reconstruction of the Adolescent Period of our Canadian Girl*

By Hon. Dr. W. H. Roberts
Minister of Health, New Brunswick

IT affords me a great deal of pleasure, I can assure you, to have the honour of addressing so representative and cultured an audience as it is my privilege to look upon to-day. It is somewhat difficult to imagine any association or society so important as that which takes as its chief end the consideration of the public health. It is not necessary to dilate upon its importance, for our very presence here, to-day, some of us from thousands of miles away, sufficiently attests it.

The subject I have chosen to call your attention to as briefly as is possible, and especially the proposal it carries with it, may be somewhat unique; but it is one which has been in my mind for ten or more years. I have hesitated until now to present it, because I felt that in consequence of its very uniqueness or novelty, before I ventured to express it publicly, I should in justice to both you and myself, make fairly sure that the change I shall suggest is founded upon solid ground, and is capable of being put into practical effect. So convinced have I become of its importance and practicability, that I am sanguine that before I have finished, as a result of even this fragmentary and broken presentation of it, that you will be inclined to agree with me, both as to its necessity and its possibility of accomplishment. That my proposal will be criticized and probably modified, is to be expected, but because I conscientiously believe it is soundly based, and that it is no whim of the moment with me, I confidently rely upon your general approbation.

Briefly then, permit me to lay before you a few reasons why some re-arrangement or reformation of the curriculum, for the education of our "Canadian Girl" should be made. First, let me remind you, that the primary stage of the developmental period of man (I refer to the

*Read at the Canadian Public Health Association Meeting, May 28th, 1919, Toronto

gestation period) is nature's most wonderful work; not only such, but upon the mental, moral and physical eligibility of those entering into its consummation depends, absolutely, the stability of the future of Canada's national fabric.

Again, at this unique period of our nation's history when so much is depending upon conservation, we must look especially to its greatest asset—its manhood and womanhood—and lend every effort in the power of man to conserve its resources. Particularly is this true when we realize how of late its ranks have been devastated by both war and pestilence, and above all, when we recognize the fact, that in times of peace and times of freedom from epidemic and pestilence, we have going on in a latent manner that which is marring the physique of our Canadian citizenship, and depleting our population by death; all of which have their origin from sources that can and should be prevented.

So let us endeavour, if you please, to arrive at one of the fountain-heads of such conditions, and if possible strike the blow that will result in the desired change. I think that you will agree with me, that it is conceded by all that woman plays by far the more important part in the above referred to problem. Then if, as we have intimated, the cradle of civilization is nature's most important work, and so much of the future well-being of Canada depends upon its perfection, may I not ask what is being done to protect, perfect and enhance this great asset? The destiny of the nation depends upon the answer we may be able to make to this question. In suggesting such an answer, let me put another question. Are we not infringing, by our present methods of education, upon the physical development of our girl life, at a time when every attention should be given it?

Nothing is more common with physicians than to find that during the few weeks preceding the closing of the school term, we are visited by mothers having with them their daughters, who have been cramming for final examinations and in the majority of instances the story related is something like this—"Doctor! I have brought Mary to you to see if you cannot do something for her. You know she has been leading her class nearly all of the term; she is competing for the Governor-General's Medal, and we are *so* anxious that she be successful; but of late it is so hard for her to study, her head aches, she has no appetite, we cannot force her to partake of food, her bowels are constipated, she is so nervous, Doctor; she cannot get to sleep, sometimes for hours after she retires. Of late her periods have been irregular or have stopped, or have not appeared, as yet; she is so white and frail looking. We also notice her twitching her face, eyelids and mouth a lot, and of late tossing her head to and fro and we are fearful, if something is not done, she will not hold out and we do, so much, want her to take the honours she has worked so hard for all winter".

We take a look at the girl and find that in almost every particular the word picture of the mother quite correctly describes the condition found. We find she is truly very anaemic in appearance, tongue quite heavily coated, generally far below the average weight. We notice, too, the nervous symptoms spoken of by the mother, simulating a beginning chorea, or St. Vitus dance. Upon examination of the heart, which she complains about as beating rapidly at times, there is revealed a functional murmur, and suspecting from her headache some possible eye complications, we have her see an oculist, who reports severe condition of astigmatism. At the same time, bear in mind, nature is doing her best to shapen and perfect her scheme of physical economy. Therefore I think we can well afford to spend a few moments discussing this questionable condition which we find obtains.

Reflecting upon such cases as I have attempted to detail, there is nothing in the whole range of life which can compare in importance with the potential powers of reproduction possessed by the girl of, say, fourteen years of age. This has been well called a critical age of woman's life, the age of forty-five being considered as the other. But when the two epochs are compared the latter falls into almost absolute insignificance when contrasted with the former. The one is positive, the other, negative. The one contains the promise and our only assurance of the continuance of the human race. The other clearly signifies that whether for weal or woe, whether fulfilling destiny as part of a collective unit, or of having existed merely as an individual and a self-centred entity, that the die of life has been cast, that its course so far as the continuance of the race is concerned has been irrevocably fixed, recorded and ended, and that it ceases to be any longer a possible factor in propagation.

It is far different from the prospect and possibilities that lie before the girl at fourteen; then, "all the world is before her", with many and varied duties it is true, but with one supreme and surpassing function. Words are utterly inadequate to estimate the value of such a young life. Infinite care and toil has been expended to bring this young life to such a stage; to protect it against disease; to guide its opening intelligence; to direct and educate its moral faculties; to inculcate knowledge, and to insure its happiness while in its dependent condition. At fourteen or thereabouts, however, arrives an influence which we can neither abrogate nor postpone. It is as inevitable and immutable as is the rising of the sun or the falling of the rain.

But though inevitable, it must not be forgotten, that in essence it is an influence and tendency only, and its beneficent effects may be thwarted and distorted by carelessness, by thoughtlessness, by over-anxiety for mental as contrasted with physical perfection, and above all by ignorance on the part of those in a governing relation to the young

girl of the fundamental principles of natural law. It is true these thwarting factors may originate in causes, seemingly uncontrollable by us. Chronic defects, disease and deformity may have supervened or have existed from the beginning, despite all our efforts to the contrary, and the influence referred to may be so checked and modified as to be practically nugatory in its results. But it is beyond question that such misadventures from such causes bear but a small proportion to those produced inadvertently through the lapses just referred to on the part of those who have the conduct of the child in charge. In short, the artificial methods, long thought essential by the whole civilized world, of ignoring, in a measure, nature's process, and subjecting the girl between fourteen and sixteen to a more or less rigorous mental training in which her physical system takes but a very minor and secondary place, is in my opinion by far the most fruitful cause of the many lamentable results in the life of the adult woman.

I do not presume to say that this danger has not been apprehended already. I freely admit that it has been anxiously thought of and sedulously guarded against. School hours have been shortened, sometimes to the point of absurdity; compulsory physical exercise has been adopted; in many instances the food and clothing of the child have been placed under official supervision; school houses have been built and maintained on the most correct principles of sanitation and hygiene; home study has been reduced to a minimum; medical inspection has been introduced, and numberless other safeguards set up to conserve the physical health of the child. But their very multiplicity displays at once not only the recognition of the absolute need of physical conservation and development, but also the consciousness of every educational authority that constant and devoted attention to mental culture in our schools in the girl of fourteen, tends in the most positive way to the deterioration of her physical powers. It seems evident to me, then, in the interests of the future mother and of our nation, that it has become absolutely essential to substitute an intercalary period between the girl's school years—of fourteen and sixteen. This period should be devoted to dealing specifically with all matter peculiar to woman and womanhood. It will be denied by no one, that because of diffidence and false modesty, we frequently permit our children to be launched on the ocean of life, without having pointed out to them upon its chart, the many rocks, reefs and sunken sand bars upon which their moral and physical lives are not infrequently wrecked, and not only their own lives but those of generations yet unborn.

Such a course, which should be mainly clinical and observational, rather than didactic and by mere precept, would throw around our girls a protecting mantle as regards their moral and physical welfare. We

all know that "knowledge is power" and that "forewarned is forearmed" —but knowledge in order to be power must be the right kind of knowledge, and the armour we would give our girls must be proof against the shafts of ignorance, of evil-design and of unhappy circumstance and environment. Instead, therefore, as is so often the lamentable case, that our sweet girls receive their knowledge of many physical facts, distorted to their ruin and irretrievable disgrace, at the hands of some criminal, how much more logical it would be that they (each of them) should become possessed of this information through legitimate channels and with benevolent intent. So I would have our Canadian girls who have arrived at the age of fourteen, and who by that time would have completed their course of strictly elementary literary education, enter upon a curriculum conducted by a woman of high moral character, possessing maternal qualities and expert in the subjects to be taught.

These subjects would line up somewhat as follows:

1. The anatomy and physiology of their own systems, and information concerning certain diseases to which they are subject.
2. Domestic science in its entirety.
3. Personal hygiene and household sanitation.

(1) Thus our girls would learn minutely the structure of their bodies, and would become possessed of useful knowledge concerning the various organs and their respective functions and the care necessary to maintain them in a healthy condition. They would become aware of the frightful character and deadly effect of certain diseases—how they are communicated—and taught to beware of them at all hazards.

(2) Domestic science in its entirety should be instilled both by precept and practice. The extent and importance of it are well exemplified by, for instance, McDonald College, where I think, some two whole years are devoted to it alone. Furnished with such knowledge, probably the greatest asset any woman can bring to household duties, many difficulties now seeming almost insuperable, such as that connected with the domestic servant, would fade and vanish away.

(3) The subject of personal hygiene and household sanitation in such a course would be altogether indispensable. Ventilation, that question upon which so much depends and concerning which there is so much wrong information, would become a straightforward and well-regulated measure of every household. Temperature, so closely allied to ventilation, and so important both in sickness and in health as a curative and preventive measure, would no longer be a haphazard matter. The bath-room and its accessories, instead of often being the plague spot of the household to be sedulously avoided except upon extreme necessity, would become sanitarially safe. The plumber no longer would be supreme in his mandates. His knowledge, or as sometimes happens,

the want of it, would be supplemented by the person most interested and reiterated visits of these useful people to amend amendments and to undo to-day what was done yesterday, would be of less frequent occurrence.

Some knowledge of and good taste in architecture would be imparted. In case of the fortunate husband building a new house, reasonable and common sense action with some artistic perception in his wife would be available in the location and furnishing of the rooms, and further than that, before and during the erection of the house, her acquired knowledge would see to it that her intended home would possess these three fundamental essentials of every healthy house, viz., proper drainage, proper light and sufficient space. Cooking and all that pertains to it would approach its ideal. Some science could be intermingled with what is now purely an art; often indeed, not more than a rule of thumb. That sour bread is the mother of divorce and an untidy and malodorous kitchen the greatest friend of the drinking saloon is not the language of the extremist, but rather that of reason and sound observation. In many a home the fibres of domestic misunderstanding and mutual irritability are kindled and kept perpetually alight because of the lack of the precise knowledge domestic science has to impart.

But a fourth service, not yet enumerated, claims our attention, a service surpassing, if possible, all three together of those adverted to—this is the care of the baby. I here declare as a physician of some twenty-five years' standing, and I am sure my experience is in consonance with that of my colleagues, that in presenting a mother with her first baby, and almost without reference to her social station, one might almost as well present her with a copy of Homer in the original and expect her to make a rational use of it—so little does she know of the real care demanded by the young infant. This is an appalling fact, and while sanitarians and practitioners of state medicine are everywhere looking for means to check infant mortality, this lamentable condition largely remains, rendering our best efforts of comparatively small value and ittle effect. The babies, therefore, suffer and often die simply from want of knowledge on the part of those most greatly interested in their preservation, and who are at all times ready, if necessary, to sacrifice even life itself on their behalf.

Breast or bottle feeding, for example, here instantly comes to the surface. What proportion of young mothers or mothers of any age or puerperal experience, for that matter, knows that the chances of survival through infancy of a breast-fed baby are nine to one in comparison with the child fed from the bottle? What again respecting the regularity of nourishment, which is one of the very foundation stones in the edifice of infant conservation? The bathing of the baby, its need of pure air,

ventilation, its sleeping quarters and its sleeping accessories, the danger of the deep and confined crib in which the babe is often poisoned by its own emanations, necessary outdoor exposure—how important these are, and yet how sadly lacking in the information regarding them are the actual or prospective mothers. Then again when illness threatens in either mother or child, rendering the use of cow's milk necessary, what proportion of mothers know anything of the chemistry of the latter? Or, when the proper age has been attained, how many understand the art of changing the food of the infant from its maternal source to the ordinary one? What mother to-day is capable of differentiating in the slightest, with any attempt at reason, between healthy and the varieties of unhealthy stools? All of these points, and there is not one of them but what is vital, together with numberless others, might and should be taught the potential mother, in her most mentally receptive period, one during which nature is busily at work almost monopolizing her attention, if not interfered with. Now who is responsible for this grievous lack, if not the state and its antiquated and really vicious system of enforced literary education in the critical years of youth here referred to? To correct this, might we not suggest that so far as the state is responsible and as Canada lately has placed the keystone upon her legislative arch, viz., the new Federal Department of Public Health, that this new organization work through its provincial branches in conjunction with the educational authorities of the various provinces and have this all-important question solved? In this connection an apposite thought here presents itself. In this very city of Toronto you employ, I believe, some one hundred nurses, devoted largely to the imparting of just such information to the expectant and actual mothers of this city. How much better would it be if this very essential knowledge could have been imparted to these mothers during their school days, in the most receptive period of their mind and when they are entirely untrammelled by sickness and the cares of the household.

As before hinted, such a course would go far to solve the problem of the domestic. Regardless of what other opportunities might present themselves, there are those, even sometimes from homes of opulence, that, given such a course, would choose to become professional housekeepers. They would take this up as a special study, ready to adopt it as their vocation and would be granted a diploma in attestation of their attainments. The menial duties of scrubbing and washing, and so forth, will necessarily vanish with the progress of invention, and none other than the housekeeper (strictly an honourable profession) would be needed.

What then would be the effect that could reasonably be looked for as a consequence of the change I have so imperfectly set forth, upon this

country of ours? Would it not solve many problems that are now perplexing us? Would it not reduce infant mortality? Would it not give us a rugged and virile race both in mind and physique? Would it not raise the moral standard of Canada most high? Would it not, because of knowledge gained, aid materially in making less complex the question of social disease? It would, I am persuaded, not only safeguard our girls, but would have a termendous reflex influence upon the moral standard of the young man. He would be only too glad to enter into high partnership with a young woman so endowed. But he would, of necessity, as before intimated, have to be morally eligible, for *she knows* and she would be *independent*, and thus would possess the two most taking and alluring qualities that appeal to mankind.

The educational career as so outlined would be divided into three epochs or stages. First, the primary or fundamental—from six to thirteen years (inclusive); second, the intermediary or physical from fourteen to fifteen (inclusive) and, thirdly, the final or complementary period from sixteen onwards as far as necessary for those who wish to pursue a life calling for extended mental attainments. I refrain from elaborating the latter period, but if necessary, mental culture could be resumed, but not in such a way as even partially to undo the good work already accomplished. Greatly as it is to be desired that our women be intelligent, be learned, be mentally accomplished, of what use are any or all of these if to them be sacrificed the health, without which all else is vain? If such sacrifice obtains, it will only serve to render a life of semi-invalidism more pregnant of distress, in the thought of having in youth flung away contemptuously nature's best gift, and accepted instead, the poorest substitute of man's artificial conventions, and the painfully acquired problems of his mind.

The Medical and Allied Professions as a State Service

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In an address which, as President of the Nova Scotia Institute of Science, I delivered in November 1916, but which was composed a year previously, there occurs the following passage:

"Although preventive medicine is state-controlled, curative medicine is still the same, unorganized, happy-go-lucky competition it ever was. Some thinkers assert that the time has now come for the applied science of curative medicine to be taken over by the State and organized into a system. Both departments—preventive medicine and curative medicine—would naturally be under the Department of the Minister of Science. Of course there would be but one portal of entrance with one uniform standard of examination into the departments of curative state medicine and of preventive state medicine. This one standard of entrance would remove many existing anomalies. The doctor would then be to the whole public what the club doctor is now to a section of it. He would attend to the cure of cases exactly like the M.O.H. attends to the prevention of cases. He would be a state official salaried and pensioned as such. It is an anomaly that if your child has scarlet fever, that while one aspect of the case can properly be taken in hand by an official only of the one aspect of medical science, the other aspect of the case has to be left to private medical enterprise. I should be able to summon a state-paid physician for a case of broken leg, pneumonia or insanity just as I now do the M.O.H. in a case of measles or diphtheria. This would of course lead to the whole problem of medical treatment being solved by being state-controlled. The great hospitals with their vast, beneficent, out-patient departments would become state institutions just as prisons, penitentiaries and asylums are already. There is no valid, other than a historical, reason why the scientific cure of disease should not be a state science as much as the scientific prevention of disease. The Indian Medical Service affords us an example of a state-managed medical service; it shows us how our organization might be so vastly extended as to become imperial. Promotions, disability pensions, retiring pensions, etc., would be arranged for as in the Civil Service. The State would, therefore, also logically take up the problem

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of research in medicine, and, directing it, coordinate the isolated efforts made in it in the manner most beneficial to the public weal. In the United States, private enterprise has endowed medical research in a truly magnificent manner. Private endowments could still be given for medical research within the British Empire, but it would be well if the directing of medical research were made a responsibility of the state. Much of it *is* even now; as for instance the splendid work on Plague done in India, and the work on Cancer in London. The medical researcher is a medical man no less than the general practitioner; he is only more specialized; he should equally be a servant of the state".

I am not aware whether or not Dr. Hattie knew of these views of mine when he suggested some time ago that I should open a discussion on this very subject, the suitability and desirability of the entire medical profession being made into a state service. Dr. Hattie was good enough to put into my hands an article by Colonel J. T. K. Maurice, C.M.G., entitled, "A Vision of State Medical Service" which was published in "The Hospital" for November 9th and 16th, 1918.

I cannot do better at the outset than quote Colonel Maurice's opening paragraphs, "Let us say in sickness the best advice and treatment is to be placed within the reach of every man, woman and child of the community, . . . thoroughly efficient measures to ensure the good health of the community are to be devised and properly carried out . . . Surgical and medical knowledge have stridden forward so rapidly in the last few decades that the means of diagnosis and treatment to the hands of the medical profession are far more elaborate, far more efficacious and far more costly than they were heretofore. The guess-work of the old clinical diagnosis can be supplemented by X-rays, chemical tests, sera diagnoses and so forth, and an accuracy, a certainty, attained that was formerly impossible. . . . These elaborate processes are expensive, many require special buildings, costly apparatus and men of long experience and special skill to apply them; and so under present circumstances they cannot always be brought to the service of the sick. . . . Sera and vaccines, new powerful drugs, anæsthetics, and antiseptic surgery have brought about a wonderful change. But treatment by these means is an expensive matter, and entails the employment of highly skilled nurses. . . so the wages of nurses have risen and rightly. . . . The total result of all these changes is that the expense of making an accurate and fully confirmed diagnosis, and of giving thoroughly sound treatment and nursing is so high that it is unattainable to most of the population except by charity. It could, however, be obtained by co-operation and mutual assurance, either by voluntary association or by submission to the necessary taxation. Either is better than the pauperization that comes of charity.

The ideal is a healthy race, each man paying for himself or paying his share of the cost of maintaining the common health.

Sanitary science in all its wide ramifications has not yet come into its own. . . . In some large towns a good deal is done to preserve health by preventing disease. But the important step of thoroughly educating the mass of the population has not yet been taken. All must learn that a healthy race implies parents without inheritable defects, strong and healthy in body and mind by gift of birth; implies restraint of the passions, avoidance of venereal disease, proper selection of foods, exercise in fresh air, avoidance of overcrowding, good ventilation of houses, healthy occupation, healthy amusements, and happy occupation of leisure instead of unwholesome pleasure. One of the first needs of health is to learn wisely to use leisure. All this must be taught. A state medical service should be an educating service. If a state medical service were formed, its functions should be executive and advisory. It should carry out measures to prevent disease, but the measures would emanate from legislative bodies. It should advise Parliament, county councils, corporations, and other public bodies. It should suggest legislation. It should treat the sick. It should educate the community in the ways of healthy living, and it should administer itself".

Before we descend to the details of the working scheme of the state medical service, let us consider the exact point we have reached in what might be called the evolution of the medical profession from the individualism of the physician of the middle ages to the somewhat socialistic position which he occupies to-day.

If we go far enough back, we find the doctor to be physician, surgeon, anatomist, botanist, zoologist and pharmacist all in one. In the 18th century one single professor often taught botany, anatomy, surgery, and what physiology there was. But now he has evolved or been differentiated into at least six persons—anatomist, botanist, surgeon, pharmacist, pharmacologist and physiologist. Just as in the village, the same store is post-office, grocer's, tobacconist's and various other things all in one, in the great city it is represented by half a dozen distinct establishments.

There is another feature of modern civilization, especially in Christian countries, namely the rapidly growing solicitude for the health and welfare of *sections* of the community as distinguished from the individuals in it. Previously, the individual physician treated or cared for the individual patient, and there his activities ended; to-day the public conscience is occupied with problems about the welfare of *groups* or *sections* of the public; with soldiers and sailors as such, boys under fourteen as such; with those infected with venereal disease, or with phthisis, or those who are in prison or are destitute. Specific groups in modern society are being studied, examined, educated, treated and cared for generally in

such a way as to show that the question, "Am I my brother's keeper"? has been very fully answered in the affirmative.

Thus we have societies for ameliorating the vital conditions of Thames bargemen, policemen, postal officials, illiterate immigrants, ex-convicts, seamstresses, indigent gentlewomen and many other groups in the community *as such.*

This is the day of a sanitarily-minded humanitarianism; the cruelty of the 18th century—of the Hogarth pictures, for instance—has gone, we hope, for ever. Society with a big S used on Sundays to make up parties to be entertained by the howls and antics of maniacs chained behind the bars of cells in Bedlam as the Hospital of St. Mary of Bethlehem, near London, was called.

The 18th century was cold, artificial, antipathetic, and cruel; but Hales and Howard and Elizabeth Fry and Florence Nightingale became pioneers in that movement towards modern sympathy not so much with the distress of individuals as with the suffering of social groups.

At the present time, it is the health of *sections* of the community that is the concern of governments, e.g. the health of miners, and workers in potteries, and wool-sorters, etc., *as such.* We have become communalistic, institutionalistic, socialistic in the very best sense of that word.

The instituting of a state medical service is entirely in harmony with the general trend of this ever-widening humanitarianism, for it means that the health of the nation is to be looked after in a manner similar to that according to which any other national concern is managed, war, the law, trade, agriculture, or fisheries. We have Offices and Ministers for these affairs of national importance; it is now suggested that we have them for the national health, a concern undoubtedly more important than any other.

The great war has made it very clear to us that far larger numbers of the population were physically infirm than we had any idea of. Even if all the military rejections were not sustained on revision, the number of men under the normal in health is alarmingly large. Now all this ill-health means inefficiency, not only from a military point of view but from every other.

But the war, happily, has shown us something else, namely, that the applied science of National State Medicine or Hygiene could, by the efforts of sensible organization, prevent the outbreak of those very diseases which in all previous campaigns proved more disastrous than wounds or bullets. In illustration of this may I quote the following figures: In the South African War the ratio per cent. of those dying of disease to those of wounds was as 65 is to 35. In the Great War, the figures are as 5.14 to 94.85. This revelation is a great triumph for preventive medicine; it shows what, given a fair chance, it could achieve

under the most disadvantageous circumstances. If all this prevention of disease and this conserving of human life could be carried out under the most distracting conditions of the most inhuman war in the history of this planet, what could not State Medicine achieve when working under the sane conditions of that normality called "Peace"? A national weakness must be met by national strength, a national disease by a national remedy.

What were then, briefly, the factors that made for hygienic success in the war? First, expert knowledge and the services of relatively few experts organized for the benefit of relatively many people. This is precisely the principle we advocate being applied on an imperial scale. The war was won by co-operation, and the more speedily as that co-operation was the more perfect. Why should this principle not be applied under peace conditions? If fighting and the law are considered such honourable state services, why may the equally noble profession of medicine not be so considered? Surely fighting and destroying are not the only outlets for patriotism. I submit that it is as patriotic to conserve the lives of the citizens of a state as it is to take away those of its enemies. It does not invariably require great skill though it may require great courage to take away a life; it sometimes requires all the resources of science to save one. As an old friend of mine used to say: "Any fool can burn my shirt; what I want is some one who can iron it".

While the highest expression of the patriotism of a day that is dead was to be proficient in the art of destroying life, may we not hope that the highest form of the patriotism of the day that has just dawned may be the attaining to the highest proficiency in the science of preserving life?

This state medical service is something more than merely organizing the medical profession as it exists at the present moment; it is nothing less than the creation of a state service for the explicit purpose of maintaining the highest health of the highest number of the citizens of our empire, and therefore systematically preventing the outbreak of diseases amongst them. This new service would conserve the health of all our social groups, the navy, army, the merchant marine, civil servants, inmates of prisons, penitentiaries and asylums for the insane, of boys in reformatories, of defective children, of blind and deaf and dumb, and immigrants and all foundlings. This state service would so supervise the health of school children that all our present amateur efforts towards child-welfare would become superfluous. It would take charge of all hospitals, general, surgical, maternity, for venereal diseases, for cancer and incurable diseases, and of course of all sanatoria, for all such institutions would then belong to the state. The S.M.S. would supervise the noble nursing profession in all its activities. It would investigate all

problems coming under public sanitation—adulteration of food, the storing, cleansing and distribution of water, inspection of ventilation, quarantine, prophylactic inoculation and everything else included under "State Medicine" in the older, more restricted acceptation of that term. It would supervise all specialisms and techniques including dental surgery, orthodiascopy and the therapeutic use of all forms of energy. Naturally the compilation of vital statistics would fall under the province of the S.M.S. Finally it would not only organize, direct and reward research, but also organize, direct and reward all forms of teaching required in the medical profession, for by the time of which I am speaking, the universities, like the hospitals and laboratories, would have become state institutions. There would not only be no private hospitals, there would be no private schools of medicine whatsoever. Research into such large problems as the cause and treatment of rheumatoid arthritis and other widespread diseases which claim millions of victims a year and produce a great deal of inefficiency and invalidism—problems far too large for any one man or one institution—could at last be investigated by the State.

This is neo-socialism, socialism in excelsis, which has absolutely nothing to do with the socialism of the red tie and the levelling down to an h-less vulgarity. Therefore, for this neo-socialism a name is needed: I would suggest *co-operationism*, for we are thinking not of any ideal and indeed wholly Utopian conditions where all men are considered equal (which they never were nor can be) but of a social state in which the special attainments of the co-operating few are specifically organized for the benefit of the many. Individualism, often heroic beyond all description, was sufficient for the earlier, ruder, simpler and smaller communities; but co-operation, the organized working for the common good, is the goal we aim at in this newer and truer socialism. Individualism meant rivalry and jealousy, a waste of energy with its consequent detriment to science; co-operationism a unity of plan and a definiteness of purpose with its corresponding increase in efficiency. The gain from all this to the ordinary, ungrouped member of the community is at once apparent; not only would he command the very highest skill in diagnosis and treatment, but there would be no longer any need for him to subscribe to sickness clubs and similar societies since he would belong to a nation which was one, vast, mutual benefit society. He would, like the Chinaman, pay to be kept well; but if by any mischance he did become ill, he would have, as it were, round the corner all the resources of a world wide empire to cure him.

One must gratefully acknowledge that a Department of Health under a Deputy-Minister of Health has already been created in Canada by an Act which passed the House of Commons on April 11th, 1919. Some of

the duties to be undertaken by this new Department are—the maintenance of a national laboratory for public health and research work; inspection and medical care of immigrants and seamen and the administration of marine hospitals; the supervision of all matters relating to the health of those employed on railways, boats, ships and all methods of transportation, as well as the health of civil servants and of all government employees.

The Actual Organization.

If one sketches the organization for London and Great Britain, then it could be adopted by any other part of the Empire and modified, if necessary, to suit particular conditions. Naturally, the organization of the R.A.M.C. is the one to be followed as a general model. The headquarters staff would have to reside in London, and direct the service not only in London itself but throughout the whole country. The size of London makes it unique in regard to any organization, and it has to be treated as equivalent to a whole district.

After London in order of importance would come the large provincial cities, Edinburgh, Glasgow, Birmingham, Liverpool, etc., each of which would have to be administered by a staff for itself. In each, the hospitals would be so organized as to provide for in-patients, out-patients, laboratory diagnostic work and for all the necessary technical, diagnostic and therapeutic activities. The practitioners of each city would all be S.M.S. men, and would be organized into the resident hospital service, the out-patient service, and the general city service. No one of these would be considered more honourable than any other. Associated with the great city hospital would be a group of small towns, each with its hospital, and associated with each of these again would be a group of rural or cottage hospitals.

Finance, Salaries, Pensions.

There is no question as to the S.M.S. being a costly service. It might, however, prove in actual experience not so costly as at present on paper it seems to be. For, in the *first place*, in a state which adopted co-operationism, the enormous expenses previously needed for the upkeep of the huge Navy and the Army would be saved. In the *next place*, a great many institutions having private endowments from public or private charities would have their funds taken over by the state as trustee, and would therefore cost the state by so much less to administer.

Thirdly, the vast sums now given by public and private charities would become equivalent to part of the taxes for the public health paid by everyone towards the upkeep of the S.M.S.

Fourthly, the endowments of certain old and large British hospitals and seats of learning would pass over into the custody of the state.

From the patients' point of view the S.M.S. would be a glorified state insurance against illness, not, of course, as a charity or on the meagre scale of a private mutual benefit society, but on that of the greatest and most enlightened empire in history. Colonel Maurice says the funds could be raised (1) out of general taxation on the budget, (2) by rates and (3) by a special public health assessment applicable to all adults according to their means.

Advantages.

The benefits of a state medical service are evidently twofold; those accruing to the members of the medical profession, and those to the public. In the first place, as all properly qualified medical men would become registered in the national service, the quacks and irregular practitioners would soon be exposed and got rid of. Osteopaths would become licensed masseurs and nothing else. Homeopaths and "faith-healers" would cease to be because they would not possess the state license to practice.

In the next place, there would be no struggle for existence, because each man would have a salary sufficient for his needs from the outset, with the prospect of a disability or of an old age pension as the case might be.

The soul-destroying competitions, rivalries, and jealousies of the old *regime* would to a large extent disappear. There would, however, be plenty of incentives to the ambitious men to rise in the profession, there would be plenty of research to be undertaken, plenty of rough places to be made plain. No one can say that there are not plenty of incentives to rise in the state professions of the Navy, the Army or the Law; and it need not be any less so in the S.M.S.

The advantages to those in need of treatment are, in the stock phrase, "too numerous to mention". The public health would be preserved as never before; treatment would be prompt and of the very highest quality; specialists of all sorts would be easily accessible, and all manner of special treatments readily available. There would, on the one hand, be no possibility of overlapping, nor on the other could there be whole districts of the country without a medical man as at present.

Finance.

In Colonel Maurice's scheme the salaries to officers in the S.M.S. run from £300 a year ($1,500) to £5,000 ($25,000). Colonel Maurice says that under a state medical service the medical man would be relieved of the expenses of travelling, of instruments, consulting rooms, drugs and dressings. "For the highest administrative ranks", he says, "the pay would be at least equal to the highest ranks of the civil service".

It must be recognized by the state, and it will soon thereafter be recognized by the public, that it is just as honourable to save a life as it is to blow up an enemy of one's country or sentence a criminal to be hanged.

Under co-operationism, the health of the commonwealth is considered a more important affair than any other aspect of the national existence. As has been mentioned, entrance into the S.M.S. would be by the regular Final examinations of the state universities, it being the understood thing that every medical graduate was destined for that service. Successful candidates would be graded according to their relative standing, and to some extent allowed the choice of positions as in the civil service. The pay of all members would not, of course, be equal. In co-operationism there are grades of service, and emoluments vary with height therein and with responsibility. Some men prefer to remain in the lower grades with few or no responsibilities; others capable of assuming responsibilities are allowed to do so and are rewarded accordingly. Retirement on pension at certain ages differing with the position attained in the service, would, of course, be duly provided for. The medical profession is the one doing the maximum amount of work in the interests of others; and this proposed organizing of it would be the official recognition by the state that these things are so.

In conclusion let us look at certain *objections and criticisms*. As there is nothing new so there is nothing perfect under the sun. The following are among the objections that have been raised to the S.M.S.

1. It would do away with the patient's right of choice of a physician, surgeon, obstetrician, etc. It is asked, are rich and poor, leaders in society and persons not in society at all, the unco' guid and the declassé, all to be treated by the same medical man or in the same institutions? I cannot do better than quote Colonel Maurice's answer to this:

"It has always been the case that certain surgeons, physicians and obstetricians have earned great reputations, are in great demand and are able to command large fees; and always there have been wealthy persons prepared to pay the fees such highly considered men demand for their services. Some have special faith in one, some in another; and some only ask that some one of great renown shall operate upon them or those dear to them. There is no reason such a system should not continue with a state medical service. The state will provide efficient attention (attendance?) for every citizen, and will appoint to each his medical attendants, and will see to it that each can get the special skill and nursing appropriate to his or her case.

Every man will be safe to trust to the organized care offered him; but if he fancy some special surgeon or physician of whom he has heard, there will be no reason why he should not choose, if he cares, to pay a

special rate for that man's services. A rich man, then, has appendicitis. He has at hand in his sub-district a surgeon thoroughly competent to operate on him, and he can, if he choose, take a special ward in his district hospital for the rental charged for it, or he can, if he be frugal minded, use the free wards and go in and be operated on by the surgeon free of all operation fee. But he has heard that some man has a specially great reputation or is fashionable because he has operated on Royalty or he fancies him for some reason or no reason. There is nothing to prevent his demanding the services of that surgeon and paying his fee. The fee will vary with the man just as it does now; twenty-five guineas, fifty guineas, a hundred guineas or more. . . . But the surgeon is the paid servant of the state, paid out of taxation or special medical contribution; he cannot, therefore, be allowed to turn aside from his state service for special cases and receive double pay. He must share his fee with the state.

As it is important to stimulate men to make themselves fit for the front ranks of the skilful and to stay there, it would not be politic to take all of such special fees. The great surgeon is drawing £5,000 a year from the state. His special fee is fixed at from 100 guineas to 250 guineas. He goes to the rich man, takes 100 guineas fee, and gives 50 guineas to the state. So if he does 100 such special operations in a year, he will make £10,000 a year and more for himself, and the state will get back in half fees all his pay and get work from him into the bargain. Nor can such a scheme be considered unfair to doctor or patient. To the former, ever since he entered the service, the state has assured a competency and given education and opportunity. It is fair the state should share his special gains that come of that opportunity. To the patient, the state, through its carefully trained and supervised medical service, guarantees competent medical attendance at no more cost than the common taxation necessary to secure it. If through whimsicality or for more excusable reason, an individual wishes to upset the state arrangement by a special call, it is not unfair he should pay a special rate for the privilege".

In all probability something like this would happen; the hospitals belonging to a rich and fashionable district would soon be frequented by a rich and fashionable clientele; the others by others. There would be a process of natural selection on the part of patients in respect of individual physicians, institutions, and districts; and in a short time, social segregation and sedimentation would have worked out society's own salvation.

So far the objections contemplated apply less to a democratic country like Canada than to a country like England which still possesses a landed aristocracy and where social distinctions are still numerous and

fairly well defined. Naturally we could hardly expect His Grace the Duke or His Grace the Archbishop to be treated at the same clinique as his coachman or his butler.

Certain hospitals would in time become so popular with a certain section of the wealthy or exclusive set that they would virtually correspond to the expensive private hospitals of the old regime.

More real as a factor working for failure is the ingenuity of human nature to wreck the fairest scheme ever put forth by the human brain. The odious system of political patronage, whereby incompetent persons can be appointed to positions intended to be filled by experts can blast schemes that are brightest.

The S.M.S. by its very nature and aims ought to be the one most remote from the baneful influences to which we are now alluding. The service would be administered not by lay figure-heads but by medical men and experts themselves. The appointees would receive their commissions not by favour, caprice or nepotism, but by merit brought out at examination.

There is no Eden without its serpent; but if any organization of human contriving might be reasonably expected to be free from the reptilian blight of political interference and mismanagement, it surely would be that of the State Medical Service.

Some Observations in a Recent Epidemic.*

Dr. H. O. Howitt
Guelph, Ontario

WHEN we look back, now, at the bulletins that were posted during the war, our attention is arrested immediately by one sent from Barcelona in June 1918—

"A German submarine put into this port, and all the crew are suffering from a strange disease."

Later—"Throughout the city and in this neighbourhood a 'strange disease is raging'."

Despatches from the various parts of Europe that subsequently arrived, made it easy for us to trace the spread of the disease in a fan shaped manner over the surface of that continent, except in those countries that were at war with us.

Then it was announced that the 'strange disease' was Influenza, and we felt relieved that it was nothing more serious. We thought of the epidemic of 1890—and remembered the high mortality among the aged—but little thought what was ahead of us. The government, for reasons of its own, did not make a statement as to the seriousness of the disease among the troops, but we were struck with the large number of deaths from pneumonia that were reported. Civilians wrote from England about the terrible severity of the epidemic, and a few weeks later a despatch from Quebec mentioned that there were 8 cases on board a ship in that port. Then at short intervals the despatches came from Montreal, and other centres, on the line of travel westward—until we found ourselves in contact with influenza. But never did the bulletins announce its presence quicker than modern conveyances could carry passengers. The same story probably applies to all Atlantic ocean ports that received travellers from Europe. We were informed that it would disappear, when the cold weather came, but it thrived in spite of the zero weather of our north, and we have since learned that it thrived in Siberia. Some said that the sun-light would destroy it, but the lovely sun of the Riviera was powerless—just as we have recently been informed that 6,000,000 lives were lost in spite of the hot sun of India. We have learned that a population acquired immunity by surviving the epidemic as best it could, and paying a large price, in loss of life.

*Read at the Annual Meeting of the Canadian Public Health Association, May 27th, 1919, Toronto.

On November 10th, 1918, with Dr. Reynolds of Erin, I saw a patient, whose symptoms were so acute that we had to consider—perforation of the stomach. We diagnosed the case as influenza (Spanish), and the subsequent developments proved our diagnosis to be correct. This was my first case.

A day later through the press, I warned the citizens that there would probably be an epidemic in Guelph, in about 2 weeks, and gave instructions as to immediately going to bed, etc., with the very first symptom. The prediction was right almost to the day. Then the press published daily the toll of death in neighbouring towns, and our citizens were very careful, as to the way they cared for themselves—but for 2 weeks no one died, then an idea got abroad that we had not *real Influenza*. They were soon disillusioned however, the disease increased in virulency, and many valuable lives were lost before the epidemic burned itself out for lack of susceptible material to attack.

Of those who followed the rules laid down, nearly all survived; there may have been exceptions, but I cannot recall one.

The foreign population fared the worst. But they did not follow the rules, they would not stop work until they were too ill to work any longer. Many of these Italians and Austrians were splendid specimens of manhood, but they lost a little less than 10% of their total population.

Next we lost fathers of young families, fathers who felt they had to work on, and young mothers who would not take care of themselves because they thought that they had to work or nurse "for their children's sake". Then there was another class, also young people, that class which is always with us—that class which refuses to learn anything from the experiences of others.

I know of a town in Ontario, with only 2 doctors and a hospital well out of the town. Doctor no. (1) kept his patients at home in the bed he found them in, and preached the "rules" and lost very few patients. Doctor no. (2) had his patients driven in an ordinary conveyance to the hospital, and used many drugs; but was unfortunate in his results.

Those who came through the epidemic of 1890 certainly fared better than the generation that has since grown up, without the immunity that it granted.

I noted several cases of what might be called natural immunity. One a volunteer nurse of about 20 years who nursed the poor. She bordered on the verge of exhaustion for two or three weeks, she disregarded all rules of self protection. She did everything possible to take the disease—even breathed the breath of a patient—but she escaped!

I have had direct or indirect experience with most of the vaccines and serums recommended as "cures", or aids to cures, but confess that I saw little benefit from any of them. The vaccine supplied by the

Provincial Board of Health may have been of benefit, but reached Guelph when the epidemic was dying out, and even then it was not too late to note several vaccinated cases take the disease.

Treatment.—To bed—a purge—keep warm—and stay in bed for three to five days after the last symptoms had gone—with fever diet—was in my experience the most satisfactory treatment

If bones ached, a little Tr Gelsemium. If much fever, a fever mixture. Perhaps a headache required something, but very seldom. I was struck with certain resemblances to *typhoid fever* in spite of the different onsets and lengths of each.

Especially the *haemorrhagic* tendency from almost every organ, more particularly nose, bowel, and even into the skin. Then there were (2) headaches, (3) coated tongue, (4) bad taste in mouth, (5) parched lips, (6) early constipation, (7) delirium, (8) furunculosis (following the attack), (9) the tendency for hair to fall out, (10) then as some were left worse, and some improved in health by an attack of typhoid, similarly we find the same holds true with an attack of influenza.

Some half-dozen cases of stationary tuberculosis that I saw with influenza, have come through without ill effects up to the present, but Dr. McCrae of Philadelphia remarks, "that it will be interesting to watch the next twelve months, it is possible that as an after effect of the epidemic we may see more cases of tuberculosis than for years past".

In a town near Guelph I have recently performed two nephrectomies —both kidneys were destroyed as a result of influenza.

A patient of mine, a Toronto teacher, informs me that ten out of one hundred school teachers that she lived with, have died in the last few months of tuberculosis, and that more are now ill with it.

Some Problems for the New M.O.H.*

Dr. D. V. Currey, M.O.H.
St. Catharines, Ont.

HAVING recently returned to St. Catharines after an absence of a few years I was asked by the city council to take over the position of M.O.H. and as my problems have likely been similar to those met with by every new M.O.H. in the smaller cities this paper was asked for as our conditions are essentially different from those met with in larger cities.

In former days our local board of health existed in name only, meeting a few times each year at odd intervals. The flu epidemic as in many other places brought severe criticism and the Board resigned. The present Board is a live organization with an enterprising mayor as chairman, meeting regularly every Thursday in each month, and unless the secretary has been notified all are present sharp on time. An active interest is taken in health affairs, and at each meeting a written report on work done during the previous month is given by the M.O.H.

On being appointed I found a very efficient secretary of the Board, and a Sanitary Inspector who was very willing and conscientious, but except for the returns sent to the Provincial Board of Health there was no record of work done by the Department.

After my appointment a complaint department was opened, citizens are encouraged to notify us about unsanitary conditions, and all complaints receive immediate attention. For this purpose we use a small card on which is written the complainant's name, address, and telephone number, the nature of the complaint, date, time received, and this card is initialled by the member of the Board of Health who receives it. The Sanitary Inspector or M.O.H. makes a brief report on the back of the card and it is filed. This gives us a daily record of the work done.

For infectious diseases a similar system is used and is put on an active file until the quarantine is raised, then it is filed away. These slips have the name of the attending physician and all tradesmen who visit the premises. For the latter we tack up printed instructions telling them where to leave their goods and to take nothing from the house, such as milk tickets, etc.

The ambulance in use by the city was bought some 15 years ago by a few patriotic men and has been kept in a livery stable, the horses being supplied from here. This service is very unsatisfactory as the question of paying for the horses must be settled before the patient is moved.

*Read at the Annual Meeting of the Ontario Health Officers Association, Toronto, May 27th, 1919.

Last summer an airman crashed near the city, our ambulance was phoned for and the R.A.F. depot 15 miles away was notified. Before the city ambulance reached the scene of the accident a motor ambulance from the depot had arrived and removed the case. At the first meeting I attended of the Local Board of Health I asked that a public subscription list should be opened for funds to buy an up to date motor ambulance which would be ready for a call day or night and for which no fee would be charged. I have interested the I.O.D.E. in this matter and we have now within $1,000 of the amount needed. I also spoke at a meeting of the Executive of the Trades and Labour Union and they have promised to take the matter up and assist us.

The milk supply for our city has not been very good. Less than 50% is pasteurized and the butter fat is usually a very little above the 3.2¼% demanded by our by-law. I wrote to all the dairies telling them that a monthly test would be made including that for sediment and that reports would be published in the daily papers. The result is that our milk is cleaner and the last test showed up very much better than any previous one. We hope to pass the model milk by-law as suggested by the Provincial Board of Health and we are considering opening a milk centre where pasteurized milk may be supplied for children and expectant mothers at practically cost. With the Milk Inspector I have visited many of the farms supplying milk to the city and found most of them in very good shape. Two herds, however, were very dirty and no attempt was made by these two farmers to supply clean milk and the dairy was advised not to take milk from them until the city regulations were complied with.

The foreign quarter on the outskirts of the city has no sewers and because of this it is almost impossible to keep sanitary and free from surface water. The houses are, however, well separated. I found great difficulty in conversing with these people especially if I found fault with things. Many of them keep cows in filthy stables, and although we cannot prove it we are sure milk is sold. With the aid of the Polish priest we are getting out a Health Bulletin every two months published in Polish, Armenian, and Italian and by so doing we hope to reach these people and try to show them the advantages of sanitary surroundings. The city council have promised to put in sewers this summer and I am sure this will to a great extent help in cleaning up this neighbourhood.

Our Isolation Hospital is an old building on the very edge of the city and is regarded by nearly every one as a pest house. No provision was made when building to separate different infectious diseases nor can this building be properly subdivided. The Board of the General and Marine Hospital have promised to build an isolation building when the hospital is enlarged.

The garbage disposal is far from satisfactory. Open waggons or trucks do the collecting from the houses and very few citizens have been using covered metal receptacles as the by-law calls for. The garbage dump is inside the city limits. In winter it is covered with ashes and in summer an attempt is made to burn it, with the result that on a still evening a foul-smelling cloud of smoke hangs over the city, and often the garbage burns so well that the fire department has to put it out. This year our city Council on account of other expenditures cannot consider an incinerator but I hope next year this matter will be taken up by them. The City Engineer's Department and the Local Board of Health are co-operating and endeavouring to make the citizens live up to the garbage by-law.

There have been very many complaints about outside toilets even on streets which have been paved and sewered and many house owners claim they cannot pay for an inside convenience. We now inform these people that the city will do the work and charge it up in taxes for the next five years with interest at 5% but the work *must* be done. This has resulted in many outside toilets being done away with.

The water supply is plentiful and good although the water gets fairly warm in summer. The Superintendent is most anxious to co-operate with the Board of Health and the water is examined bi-weekly by an expert.

One of our greatest needs at present is a Child Welfare Nurse but it seems very hard to make the people see the need of one. I spoke at several meetings of Women's clubs and tried to interest them in this matter, and I am to meet the Finance Committee of the City Council this week when I will ask that a nurse be appointed at once. A representative of the I.O.D.E. Local Council of Women, Trades and Labour Union, and the Board of Trade will be included in the delegation.

The Sanitary Inspector is very anxious to improve himself in his work but so far I have not been able to find out where he could take a course. Perhaps the Provincial Board of Health could arrange for a practical course to be started and I am sure many inspectors would avail themselves of the opportunity afforded.

The medical men I find do not take advantage of the Provincial Board of Health Laboratory and I have tried to let them know by letter from time to time what work is done there. Serums, vaccines, and anti-toxins, etc., supplied by the laboratory have been kept at the city hall in a corner of the furnace room but I advised the Board of Health to purchase a small refrigerator and keep these things at an even cool temperature. Both our hospitals have been supplied with anti-toxins and serums which are kept in the refrigerator and are available for the physicians on holidays and after office hours.

There has been a great laxity on the part of the physicians to report venereal diseases. I have written them about this and have enclosed a few forms Vl, V.D. which I received from the Chief Medical Officer. With these forms I also enclosed a copy of "Physician's Pocket Reference to the International list of Causes of Death", and asked that the nomenclature be used to facilitate our returns for the year.

These have been our problems and I have tried to show how we have met them and how I have endeavoured to get outside organizations to take an interest in the health of the citizens at large. Too often I have noticed the M.O.H. is almost alone in trying to decrease the death rate in the municipality. It seems to me that the women's organizations which have done such good work during the war should be appealed to, for most of them are only too willing to help out in matters of public interest. The Trades and Labour Unions are strong bodies, and their co-operation should help every new M.O.H. in his work, while the practising physicians should also do their share in assisting him, but it seems to me unless we have an active Board of Health in every municipality holding regular meetings, and an energetic sanitary inspector the M.O.H. is not going to accomplish very much.

In conclusion may I take this opportunity of thanking the Chief Medical Officer of Ontario for the help he has been to me, and for the prompt manner in which literature from his office, and serums, etc., from the laboratory have been sent over to me whenever asked for, and I can assure you gentlemen that if any of you are in difficulty a good address to keep in mind is "Parliament Buildings, Toronto". I am also indebted to the District Medical Officer for his kindness at all times.

A Plan for a More Effective Federal and State Health Administration.

FREDERICK L. HOFFMANN, LL.D.
Third Vice-President and Statistician the Prudential Insurance Company of America

(*Continued from our last issue*).

A State Medical Service

The third fundamental principle of modern health administration is a thoroughly well-worked-out *limited state medical service*, including under that term all of the medical services now rendered in connection with public institutions, poor-law establishments, schools, state and municipal dispensaries, clinics of all kinds, etc. The existing state medical service is already quite considerable and requires only to be amplified and reorganized on a more substantial and well-considered plan. The new organization, however, should rest upon a totally different principle from that of the old one, and that is the clear recognition of the duty of the state to afford the best qualified medical and surgical service to *all* those who are in need thereof, even though they are unable to pay therefor the usual and not unreasonable charges common in every-day private practice. To overcome the difficulty of the stigma of apparent poor-relief the state medical service should be scrupulously kept outside of any general poor-relief administration, and, being supported by public taxation, conform in its essentials as a public utility to the same governing principles which apply to the use of public libraries, public schools, etc. Certain practical difficulties, no doubt, would arise at the outset of such a proposed state medical service, but it is the only alternative to the existing chaotic condition, which, in many respects, is in urgent need of radical reforms.*

The service, however, should be limited to serious cases, defined in the light of a rational understanding of public requirements, and no

*The important question of the proper place of dispensaries, infirmaries and consulting clinics in modern health administration can not be adequately discussed on the present occasion. An important work which should be consulted by all who are interested in this subject has recently been published by Michael M. Davis, Ph.D., Director of the Boston Dispensary, and Andrew R. Warren, M.D., Superintendent, Lakeside Hospital, entitled "Dispensaries, Their Management and Development", New York, 1918. This work includes a brief historical account and a discussion of fundamental principles and technique, as well as descriptive accounts of special types of dispensaries and related public problems, such as the relation of dispensaries to the medical profession and the organization of a dispensary service for a community. The work includes also a useful bibliography and a copy of the Massachusetts dispensary law.

effort should be made to serve the large number of patients suffering from minor ailments, to the disadvantage of those in serious danger and most urgently in need of the proper medical or surgical skill, supplemented, if required, by even prolonged nursing, attendance, medicines, appliances, etc. However difficult the solution of this question may be, it represents a decidedly preferable form of organization to the extremely costly, burdensome, and undemocratic method of compulsory health insurance typical of German autocracy and involving a disregard of the personal rights and liberties of a true democracy.

Limitations of the Police Powers in Relation to Health

The foregoing three principles, (1) the physical and medical examination of at least children and young persons to their majority, (2) the accurate and complete registration of at least all serious illnesses considered as a community problem, and (3) the establishment of a limited state medical service, do not precede, but merely logically follow or amplify the existing form of public health organization. There will never come a time when the police powers, as indicated at the outset, will not take precedence in dealing with communicable or quarantinable diseases, public sanity necessities and public nuisances, over any other matter not immediately concerning the endangered health and welfare of the people. But there can be no permanent improvement in health administration until the foregoing three principles, however much modified in matters of detail or enlarged in directions not indicated at the present time, are vigorously applied and made a condition precedent to whatever form of public health reorganization may be ultimately decided upon for the Federal Government as well as for the several States.

The scope of future Federal supervision of State activities is wholly a matter of speculative conjecture. There has on the other hand been a marked growth of Federal power, and on the other a practically unanimous public consent to the broadening of Federal administrative functions, so that it seems a foregone conclusion that the tendencies in this direction are towards further enlargement, rather than towards restriction or curtailment. The adoption of the Fourteenth Amendment in 1868 unquestionably affected profoundly the development of certain State functions and particularly the administration of quarantine and public health. The police power, according to Hare, "embraces all the operations of state and government; all the constitutional provisions presupposes its existence and none of them preclude its legitimate exercise". As observed by Willoughby in his work on the Constitution, "The enactment and enforcement by the States of quarantine laws, whether with reference to persons or to property, have given rise to numerous cases in which their constitutionality, as tested by the Com-

merce Clause, has been considered. Quarantine laws are, of course, but a variety of police laws and their validity is determined as such". While no legislative power with reference to quarantine is specifically given to the Federal Government by the Constitution, Willoughby points out that nevertheless the Government "has very broad powers on the subject, as incidental to its control of foreign and interstate commerce, admiralty and maritime matters and foreign relations". He concludes a brief reference to the subject with the remark that "To only a moderate extent, however, has this Federal power been exercised". The implication of all the legal observations on the quarantine and public health powers of the Federal Government seems to be that these are among the implied powers of the Constitution, when in the nature of the case the exercise of full Federal power may be needed because of the failure of State authorities to act with the required degree of efficiency demanded by the highest considerations of public welfare. It may, however, be deemed appropriate on some future occasion, if only for the purpose of avoiding confusion and conflict, to adopt a constitutional amendment under which the police powers with regard to public health and quarantine would be transferred to the Federal Government to the full extent necessary for all Federal purposes.

Outline of Proposed Standard plan of Health Administration

It would unduly enlarge this discussion if all the details of such a required reorganization of our public health services were presented on this occasion, even in the broadest outlines compatible with the vital importance of the subject.* It has therefore seemed best to merely

*Among the more important contributions to the subject of health administration reorganization are the following: A Discussion on the Co-ordination of the Public Medical Services, by Dr. (now Sir) Arthur Newsholme, contributed to the Proceedings of the British Medical Association, 1907; The Economic Advisability of Inaugurating a National Organization of Health, by J. Pease Norton, read before the American Association for the Advancement of Science, 1906; Proposed Plan for an Institute of Public Health and Preventive Medicine, Confidential Publication, Columbia University, April 26th, 1910; Argument for the Establishment of a National Department of Public Health, by U.S. Senator Robert L. Owen, U.S. Senate, March 24th, 1910; Memorial in Behalf of the American Medical Association in Reference to Senate Bill 6049, Establishing a Department of Public Health and for Other Purposes, April 26th, 1910; The Present Organization and Work for the Protection of Health in the United States, by Walter Wyman, M.D., Surgeon General U.S. Public Health and Marine Hospital Service, read before the American Public Health Association, 1910; Letter from the Secretary of the Treasury, transmitting, in response to Senate Resolution of January 16th, 1913, information relative to the expense for the year 1912 of the Public Health and Medical Service, February 12th, 1913; Paper on the School for Health Officers of Harvard University and the Massachusetts Institute of Technology, by Milton J. Rosenau, Bulletin Massachusetts State Board of Health, September, 1913; Address on the

sketch the following plan of subdivisions of health functions as a tentative program suitable for discussion and rearrangement or amplification in matters of detail: The term "U.S. Health Administration" seems in every way preferable to the term "U.S. Public Health Service", at present in use. The functions already rendered, and to be rendered, are distinctly administrative, rather than in the nature of mere governmental services, possibly misconceived as matters of useful convenience, though of paramount necessity. The public has become familiar with the terms "Food Administrator", "Fuel Administrator", etc., and it would seem best, in any future health reorganization, to adopt such a term as is here suggested rather than to continue the obsolete and quite insufficiently descriptive one of "Surgeon General".

The proposed health administration, therefore, would seem to group itself naturally and more or less in the order of their importance or logical interdependence, into three main divisions, each of which should be in charge of an assistant federal health administrator, as follows:

Proposed Departmental Organization

(Tentative)

Division A—General Public Health and Quarantine.

Sec. 1 Health Organization and Administration.
" 2 Health Laws and Ordinances.
" 3 States Relations Service.
" 4 International and Maritime Quarantine.
" 5 Communicable and Transmissible Diseases.
" 6 Urban Sanitation, Town Planning, and Housing.
" 7 Rural Sanitation.
" 8 Sanitary Engineering and Drainage.
" 9 Tropical Medicine and Sanitation.
" 10 Hygiene Laboratory.
" 11 General Scientific Research.

Training and Status of Public Health Officers in the United Kingdom, by Geo. H. F. Nutall, M.D., Transactions Fifteenth International Congress of Hygiene and Demography, 1912; The Full-Time Health Officer; An Address by Louis I. Dublin, Ph.D., State Conference of Health Officers of Kentucky, 1913; Co-operative Public Health Administration, by Prof. Earl B. Phelps, U.S. Public Health Service, September 25th, 1914; Co-operation and Co-ordination of Voluntary Public Health Organizations, by Frederick R. Green, M.D., American Public Health Association, 1914; Report on the Present Condition of Public health Organization in the United States, by Prof. S. M. Gunn, American Medical Association, 1915; A Survey of the Activities of Municipal Health Departments in the United States, by Frank Schneider, Russell Sage Foundation, 1916; Will the Private Practitioner Determine the Future of Public Health Work, Address by Haven Emerson, M.D., New York, 1916.

Division B—Medical Practice and Physical Welfare.

Sec. 12 Medical Practice, Pharmacy, and Dentistry.
" 13 Physical Anthropology.
" 14 Child Hygiene.
" 15 School Hygiene.
" 16 Personal Hygiene.
" 17 Industrial Hygiene.
" 18 Mental Hygiene.
" 19 Social Hygiene.
" 20 Hospitals and Institutions.
" 21 Race Pathology.

Division C—Statics and Information.

Sec. 22 Mortality Statistics.
" 23 Morbidity Statistics.
" 24 Health Education, Health Propaganda, and Publications.
" 25 Associated Activities and Health Promoting Agencies.
" 26 Higher Education in Public Health Administration.

Scientific Investigations and General Research

In the foregoing outline no provision is made for special divisions or departments concerning diseases of exceptional importance, such, for illustration, as tuberculosis or malaria. Investigations or activities concerning these and other important diseases, such as pellagra, poliomyelitis, trachoma, etc., are now carried on by the Public Health Service through the Department of Scientific Research. It may well be a question, however, whether these diseases should be made primarily a matter of research or of exclusive concern as to their more involved scientific aspects, or whether they should be conceived as administrative problems requiring action on the basis of a well-considered Federal policy coordinated or correlated to State and local activities in the same direction. It would perhaps be better to make the functions of a research department more restricted and to broaden the field of administrative activity. In whatever direction such a broadening process might be deemed advisable, this would be readily feasible through the section Health Organization and Administration, or under one or more of the other subdivisions, such as Urban Sanitation, Rural Sanitation, etc.

The immense field of scientific research into questions and problems concerning health and longevity precludes more than a mere reference to future possibilities under the guidance of a thoroughly well-developed Federal Health Administration. The resources available for such work have, fortunately, very materially increased during recent years, on account of the establishment of several great foundations, primarily

concerned with investigations of a highly technical character and involving large expenditures and the employment of technical skill of a very high order. Such an investigation, for illustration, as the report on the "Physical Welfare of Mothers and Children in England and Wales", issued by the Carnegie United Kingdom Trust in 1917, illustrates the hopelessness of individual or private research under the usual restrictions of income and time. An earlier but very admirable set of papers on "Research in Medicine", by Prof. Richard M. Pearce, originally delivered at the University of California, but subsequently reprinted from the *Science Monthly*, may be made note of as a basic outline of the problem in its broader aspects, both scientific and practical. From the individual viewpoint of the subject of medical research and human welfare, based on a record of personal experiences and observations during a professional life of fifty-seven years, a brief treatise by Dr. W. W. Keen, Emeritus Professor of Surgery of Jefferson Medical College, Philadelphia, may be referred to as a most useful presentation of practically all the essential subjects which will in the future require more scientific consideration on the part of organized health organizations than they have had in the past. It may be argued, of course, that research work of this character should be left largely to the great foundations, to avoid duplication of effort and waste of time, energy and funds. But only to the extent that the coordination of health functions is perfected will the risk of such duplication be reduced to a minimum. There are many reasons for believing that at the present time parallel lines of identical research are frequently carried on by government and private interest, when a better understanding of plans and purposes would lead to earlier and better results. As admirable illustrations of research work by modern foundations, it is necessary only to mention the studies of the Rockefeller Institute for Medical Research, which have become indispensable to every student of medicine in all its branches, as well as in the administration of public health. Equally important are the scientific investigations of the Department of Research Medicine of the University of California Medical School, under the auspices of the George Williams Hooper Foundation. Finally, mention may be made of the contributions which have been forthcoming from the George Crocker Special Research Fund on the Scientific Study of Tumors and of the Collis P. Huntington Fund for Cancer Research of the General Memorial Hospital. The endowment of research along these lines has unquestionably rendered very substantial aid to the progress of medicine, but under a thoroughly reorganized Federal Health Administration such activities as now exist or as may come into existence in the future could unquestionably be more effectively coordinated to the plans of research as developed and worked out by the Federal Government.

(*To be continued.*)

"Early Treatment" and the Control of Venereal Disease.*

THE place of "early treatment" in the programme of venereal disease control has recently been under discussion by various physicians and organizations interested in the efforts now being made by the United States Public Health Service toward limiting the further spread of the venereal infections.

The Public Health Service defines the exact part "early treatment" has in the general plan in "Instructions to Medical Officers in Charge of State Control of Venereal Diseases", Miscellaneous Publication No. 19, reading as follows:—

"Administration of early or prophylactic treatment: It is not designed to establish prophylactic or early treatment stations primarily as such, but all clinics should be prepared to intelligently administer this treatment to voluntary applicants who give a history of exposure within a few hours immediately preceding their application".

"Every extramarital intercourse is to be regarded as an exposure to venereal infection, and the so-called *prophylactic* treatment is really *early* treatment given without waiting for definite diagnosis."

"Such treatment is very efficacious in preventing the development of venereal infections if given within the first hour after exposure. Its value rapidly diminishes from then on, and when four hours have elapsed since the exposure it is of very little usefulness. It should, however, with this understanding, be given up to at least 10 hours after exposure. . . . It should always be remembered that complete control of the patient is necessary in order to obtain satisfactory results from early or prophylactic treatment."

On March 24th a circular letter on this subject was issued by the bureau to all venereal disease clinics and State venereal disease control officers, reading as follows:—

"Your attention is invited to paragraph 10 on page 11 of Miscellaneous Publication No. 19, relative to the administration of early or prophylactic treatment.

"In addition to requesting all persons giving a history of exposure to report at the clinics for re-examination during the period specified, a memorandum record should be made of those calling for treatment. Each person should also be furnished with the circular of information given to infected persons, that he may be fully informed as to the dangerous nature of the venereal diseases.

"Upon the completion of the period of observation, the office memorandum relative to the administration of early treatment should be

*Reprinted from *The Medical Officer*, July 5th, 1919.

destroyed, and the report at the end of the month should show the number of persons given early treatment. No permanent record should be kept of the names and addresses of those treated and observed, unless a venereal infection should develop, in which case, of course, they would be reported and treated as would be any other venereally-infected persons."

Persons requesting "early treatment" who develop venereal infections are reported by the clinic to the State health authorities in accordance with law, and are brought under control to prevent the spread of infection in the same manner as are other patients of the clinic.

The general plan for venereal disease control is grouped under three headings:—

1. *Medical measures.*—The establishment of clinics, securing hospital facilities for venereally-infected persons; making available laboratory facilities for the scientific diagnosis of venereal diseases; securing wide distribution of arsphenamine or similar products; obtaining the support of the entire medical profession by reporting their cases to the State board of health in accordance with law; treating venereally-infected persons in accordance with the best modern methods; and securing the co-operation of druggists in refusing to dispense venereal nostrums and directing prospective purchasers of such remedies to venereal disease clinics or reputable physicians.

2. *Law-enforcement measures.*—Encouraging the closing of restricted districts; stimulating local authorities to carry on energetic campaigns for the suppression of clandestine prostitution in all its forms; co-operating with local authorities with a view of rehabilitating venereally-infected persons; commitment to institutions of venereally-infected feeble-minded persons; and creating in each community public sentiment for the enforcement of existing laws and ordinances tending to better civic conditions or for prompt enactment of needed legislation.

3. *Educational measures.*—The dissemination of information by leaflets, lectures, and other means for the purpose of warning everyone of the serious nature of the venereal diseases, informing them that the method of spread of these diseases is by personal contact with infected persons, and urging continence as the only safe procedure for avoiding infection.

These measures have already resulted in decreasing the number of exposures to venereal infections. Yet sex attraction is one of the fundamental instincts of the human race, and some persons will continue to expose themselves to the infection of these communicable diseases. The community is entitled to the protection given by prompt "early treatment" in preventing the development of these potential foci of venereal infections, while it is, in the meantime, strengthening the other medical and civic measures of prevention which the condition may require.

What to Teach About Parenthood and How to Teach It*

By Dr. Margaret Patterson.
National Secretary, Social Education Department, Young Woman's Christian Association of Canada.

ONE of the most hopeful signs of the times is a growing dissatisfaction with the present method of teaching life truths, and the recognition that to our silence and "mock modesty" much of the misery and physical unfitness of to-day is due. Health is beginning to be valued not only as a personal, but a national asset. In this age of efficiency, it is the physically fit who are wanted to fight in the cause of civilization, of reconstruction, of education, of national and world progress. One cannot be physically fit without having a reverent understanding of their body. Only instruction can give this. "Knowledge is power." The results of this lack of instruction are too evident in the perverted curiosity that brings such crowds to see the questionable "movie" or sensuous play. Only a lack of knowledge of the human body could produce such a lack of respect for this "temple of the spirit" as the modern fashionable attire, which not only injures one's own health, but lowers the moral standards of all around. Whether or not children should be taught the truth in regard to the fundamental facts of life is no longer a disputed question. All thinking people recognize the need of safeguarding the children by education, clear, strong and universal. Only in the clear light of truth, can we see what clean true living is. Upon this education will depend, more than upon any other thing, the vigor, health, and stamina, of our nation. That education can elevate and purify, has been forcefully demonstrated by the fact that in the state of Oregon, where for some time past the facts of sex, the natural laws controlling sex, and the consequences of breaking these laws, have been taught sanely and fully by the State, the venereal infections were only 56 out of 10,000 men called up for military service, while in some other states, where instruction had not been given, the infections were 300 out of 10,000. A noted Professor of Biology, has said, "To pass on the torch of life, not only undimmed, but even

* Read at the Annual Meeting of the Hygiene and Public Health Section of the Ontario Educational Association, April 23rd, 1919.

brighter from generation to generation, is the highest service which parents can possibly render, to their time and to their Country." Many parents fain would do this, but they are ignorant of the significance of the essential facts of the reproductive process, and have no scientific knowledge or vocabulary in which to express themselves. Only education can correct this, or fit the parent to give a truthful scientific explanation when a child seeks to know the source of its being. If a child cannot get this information from his parents, he should be given it by his teachers. Our main hope is through the schools—reach the young and work for the future. Is it too much to hope that the next generation of teachers and parents will be fitted to deal with this problem much more wisely than we have been.

There are two very definite sides to the sex education of young children. There is the very intimate side which could only be done properly at home, and there is the impersonal, biological side which could very well be done at school. There is no reason why the two should conflict. The first point to start with is to get our moral backbone, and to arouse in the young child a conception of the dignity and worth of the human body. If the children are to be saved from a filthy philosophy of sex, hard to eradicate, and which may make wholesome instruction almost impossible, we must begin early and safeguard them with really true to nature instruction, wholesome, adequate, and reverent. In order that this may be accomplished, we need to give sane and wholesome courses dealing with this subject, in all normal schools, colleges and everywhere that teachers and leaders of the young are being trained. Our real point of contact should be the young child. Moral education must begin with the pre-adolescant child. If we can develop in a child a real moral sense that will differenciate between right and wrong, and appreciate the power of self-control, it is perfectly possible to develop on that basis a real solid health ideal of immense value later on. With very young children, it is a question of life, not of sex, and the really important thing is to satisfy their curiosity in a way that appeals to their intellect, and gives a reverent outlook on life. It is very important that the teaching should begin as soon as a child asks questions, or is old enough to take simple nature study. All life comes from an egg. Study the eggs of plants, flowers, fishes, fowls. If possible, incubate twenty-one eggs in the school, and break one each day, and notice the development of the chick. A very fascinating book to read to children in the primary school, is "The Cradle Ship" by Edith Howe. Not only

does this teach high ideals of parenthood, but much valuable information is given. In plant study, especially in connection with flowers, we lay a broad foundation for the study of production, and introduce terms like egg cell, fertilization and embryo terms which later are employed in considering the reproduction processes of insects, fishes, frogs, and birds. For older children our instruction should come naturally as a part of the Biology, Physiology and Hygiene. The child of twelve should have a clean-cut, simple conception of the biological laws of life. He should have this knowledge in such an impersonal way that he takes it for granted, just as he takes anything else in nature for granted, and recognizes that he is just one link in this great chain of life, and that the laws which govern him, govern all life. The mere facts of sexual reproduction, after all, play a comparatively small part in sexual education. If we start young enough and tell the truth without any self-consciousness or evasion, I do not think that we can go far wrong. If such books as "John's Vacation", "Life's Beginnings", "The Doctor's Daughter", by Dr. Winfield S. Hall, are followed, a child cannot help but have a wholesome respect for his body and a reverence for the reproduction of life. It cannot be too strongly emphasized that the instruction had better be given a year too soon than a day too late, and that the teacher must have his own mind clear on the subject, and be able to present it as any other subject is presented.

The Social Background.

Social Medicine

Taken from a Bulletin, entitled: "Standards of Child Welfare," issued by the United States Department of Labor

Dr. Sand gave this address before The Children's Bureau Conference, May-June, 1919

I SHOULD like to say a few words about the general principles on which we ought to lay the foundations for the laws concerning child welfare we all wish to introduce, and about the best way to secure their enforcement. I think you all agree that laws have to be based on science and experience, more than on sentiment or party lines. Yet this has been very rarely the case. Interests and prejudice play an important part, I am afraid, in forming public opinion. There is not much room left for science.

At this moment, however, things look distinctly more hopeful. The war has taught us to question all our methods, and to ask for better efficiency. Now, efficiency means a scientific organization, and co-operation. Those two factors have really won the war. Think what improvements our munition factories, our army, the life of the nation at large, have shown in the last four years. The scientific and the co-operative spitit have made the whole difference and have achieved wonders.

If you try to pervade our peace activities with those elements of success, we strike at two very paradoxical facts. The first is that the human-saving science has not kept pace with the other sciences. We have gathered a few facts only about eugenics, about the physiology of labour, about the factors affecting the growth of children, all things of first-class importance for our prosperity and happiness. But sciences like archaeology (I do not want to attack the archaeologists; I have a number of friends in that branch) loom large in our museums and publications, at least in Europe, although they cannot boast the same usefulness. It seems that instead of doing the urgent job first, mankind has always preferred to begin with the less important task.

That is already bad enough. But here comes the second point: the utilization of science has not kept pace with its advance. Professor Frederick S. Lee has told us so in a recent book, in which he shows what we know about the working of the human machine, and the little use to which that knowledge has been put. You could take other examples; we know perfectly well how to eradicate malaria and yellow fever, yet

these diseases still claim many victims. We know that we could prevent half of the deaths which occur every year, and yet we do not prevent them. Thirty per cent. of our blind infants would see if only a few drops of an antiseptic solution were put in the eyes of every newborn child.

The reason of all those deficiencies is that there is no programme for the scientific organization of mankind, no agency to study such a programme, no teaching given on the matter. I think we will never reach the point where we will really govern ourselves and master the world, until we make the universities constructive. It is from these centres that the law ought to originate, and not from the political associations.

A university is not primarily a place where young men play foot-ball and learn Greek or mathematics; neither is it primarily a school for lawyers or physicians, nor a place where an expert studies at leisure, in a comfortable environment, some old Assyrian inscription. These activities are very valuable and necessary. But we must put foremost a higher and more general purpose; the building up of civic and human efficiency. The constructive university will not include many more sciences than it does now, but it will teach them from another viewpoint.

Let us take, for instance, public health. We tell our undergraduates how to prevent tuberculosis by avoidance of contact, a well-balanced diet, a comfortable home, and rest. Very well. But we do not tell them how to provide those things. I would have public health taught in a way that would strike at the root of the question and proclaim, as Surgeon General Gorgas did, that the public-health measure you can introduce is a minimum wage law. I would have hygiene studied not only in the laboratory; I would take the undergraduates to the workingman's home and ask him and his wife about their needs and the reforms they themselves suggest.

In short, I would go a step further than preventive medicine, and teach sociologic medicine. There is a field between sociology, statistics, biology, medicine, and philanthropy, which is a kind of no man's land. Some patrols start from the biology border, explore a little stretch, and then come back. The same occurs from all the borders. When two patrols, coming from different borders, meet each other, they sometimes fraternize; more often there is a big scientific fight. I do not mind very much this kind of fighting after having seen the other kind.

The worst feature is that the patrols seldom meet, and so every bit of knowledge which one border gains about no man's land is lost for the others. There is no co-ordination of effort, no planning together, no team work.

I think this could be avoided and a real need be met if we started frankly to organize that field under the auspices of Sociologic Medicine.

Sociologic Medicine means the medical end of social questions, or the social end of medical questions, as you prefer to put it. It would have been constituted long ago were it not for the fact that it requires teaching biological, statistical and social methods to the physicians. Now, biological methods the actual or future physician will accept without great trouble. There will be more resistance to statistical methods; they need the use of higher mathematics, and fumbling about in terrible books like the Census. But even that, the better type of undergraduates or doctors will finally admit, on account of the scientific stamp that statistics receive from mathematics. When it comes, however, to sociological methods, the average medical man revolts; surveys, inquiries, social case work, all seem too humane to be scientific. And then they mix up with all sorts of social questions, nearly related to political questions. That is a slippery field.

And yet we have got to plough this field, and it will give us the richest crop that science has ever reaped, because then we will no more guess, we will know about the social questions. Marriage, child welfare, education, vocational guidance, labour, poverty, delinquency, all those problems have to be taken up by sociologic medicine. If this new science is comprehensive enough, if it is recognized and developed, I have no doubt results will follow quickly.

A conference like this where public officials, social workers, physicians, sociologists, and teachers meet together is already a step toward the reclamation of this common field. The school of industrial medicine organized recently at Harvard is another very valuable progression in that direction.

We constituted in Belgium in 1913 an association of sociologic medicine which published a bulletin (Bulletin de L'Association Belge de Médecine Sociale Bruxelles) and it was progressing favourably. Sociologic medicine was taught in our universities to doctors who wanted to take the public-health diploma. But war has nipped those activities in the bud. We will have to take them up again, however, as they will not only help toward making better laws, but also assist us toward enforcing them in an easier and more effective way. Constructive democracy means scientific democracy.

Report of the Executive Meeting of the Ontario Medical Association held in the Academy of Medicine, Toronto, on Wednesday, September the 24th, 1919

AT this meeting of the Executive, many matters of interest to the medical profession in Ontario, were discussed and arranged.

Pursuant to instructions laid down at the last Annual Meeting of the Association, the Executive divided the Province of Ontario into ten Counsellor Districts. This step was deemed advisable in order that each Counsellor might have a territory which would enable him to render the best service to the profession in general and the Association in particular.

The following is a list of the Executive as now constituted: President, Dr. F. W. Marlow, Toronto; 1st Vice-President, Dr. J. H. Mullin, Hamilton; 2nd Vice-President, Dr. J. H. Farley, Trenton; Hon. Treasurer, Dr. G. Stewart Cameron, Peterboro; Hon. Secretary, Dr. T. C. Routley, Toronto; Dr. J. A. Macgregor, London; Dr. E. R. Secord, Brantford; Dr. George S. Burt, Owen Sound; Dr. J. P. Morton, Hamilton; Dr. D. A. Clarkson, Toronto; Dr. T. S. Farncomb, Trenton; Dr. H. A. Boyce, Kingston; Dr. Fenton Argue, Ottawa; Dr. Edgar Brandon, North Bay; Dr. E. B. Oliver, Fort William.

It was also decided at this Meeting that the Fortieth Annual Meeting of the Ontario Medical Association would be held in Toronto on May 26th, 27th and 28th, with the Committee on General Purposes meeting on May 25th.

With regard to University Post Graduate Extension Courses, it was decided to advise the Committee in charge of this Department to at once get into communication with the various Medical Faculties and the profession at large, in order that much good may accrue to the profession through this Department. Members of the profession have already been selected to address District and County Society Meetings and it is hoped that in the very near future a Bureau will be established in the Secretary's Office which may be utilized by all local societies desiring the services of outside men to address them.

At an early date each County and Local Society will receive definite instructions, accompanied by an application from for affiliation with the Ontario Medical Association, and it is particularly hoped that every Society will give this important matter the attention which it deserves.

In order that the profession may be kept properly informed as to the activities of the Ontario Medical Association and the work of its Executive during the year, it was decided to have the report of the last Business Meeting of the Association printed for distribution to the Country Societies, and also to have synopses of the points of interest decided at Executive Meetings forwarded to the various Medical Journals for publication.

T. C. ROUTLEY, *Secretary.* F. W. MARLOW, *President.*

The Provincial Board of Health of Ontario

Re Diphtheria Carriers

Toronto, September 25th, 1919.

Sir—

In reply to your telephone enquiry as to what should be your policy M.H.O. in respect to diphtheria cases and carriers, I should advise:

(1) If the patient is well, and there are no sore throat, nasal or oral discharges, he may return to school after three weeks, or,

(2) If after twelve days two negative swabs with a twelve hour interval are shown to the satisfaction of the M.O.H. he may return to school.

(3) Carriers should not be allowed to return to school or mix with the community until free of infection.

(4) Other children in the family and other members of the family who are not carriers may be allowed to attend school or go about their work from a household where there is a diphtheria carrier.

I have the honour to be, Sir,

Your obedient servant,

CHIEF OFFICER OF HEALTH.

The New Public Health Act of South Africa—Conscience Clause Abolished

In the new Health Act of South Africa, the vaccinationists have scored a victory, the conscience clause was deleted in the Senate by 13 votes to 6 and in the Assembly by 48 to 26.—(*Lancet*, Aug. 9th).

Score one for the intelligence of our South African cousins!

Comparison of the Typhoid Deaths in Ontario in 1918 as compared with those of 1910

The following table shows the typhoid deathrate of Ontario per 100,000 of population since 1908.

	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918
County	20.5	25.1	22.0	16.1	10.9	13.3	10.0	9.45	8.1	6.58	5.09
City	37.8	34.3	51.5	35.8	27.7	17.3	12.4	9.43	12.1	7.5	9.6
Towns	107.1	67.7	56.4	62.3	47.0	46.0	47.4	38.0	52.2	31.4	17.2
Average for Province	29.7	29.9	31.5	25.3	18.7	16.7	13.5	10.7	12.5	8.4	7.52

The foregoing table shows an annual saving of 454 lives from typhoid fever from 1910 to 1918.

These results have been secured largely because of the success of the Board's efforts in securing pure water, by the means of filtration plants, chlorination, and by the use of typhoid vaccine.

ESTIMATED COST OF THE WORK SUPERVISED BY THE BOARD.

1915.....$4,679,496.94
1916..... 2,010,070.42
1917..... 2,880,534.72
1918..... 1,590,658.39

What does the saving of these 454 lives mean?

Prof. Whipple, in charge of Sanitary Engineering in Harvard University estimates the value of a life between 15 and 35 (the commonest group age for typhoid) at $4,600

$$454 \times \$4,600 = \$2,088,400.$$

Every death from typhoid means 15 others ill of the disease but who recover with the loss of one to two months of time and a doctor's bill

$454 \times 15 \times 300$.....$2,043,000
Grand total saved to the Province in 1918..... 4,131,400

All this has been accomplished at an expense to the province of less than $10,000 a year.

Cases and Deaths from Communicable Diseases reported by Local Boards of Health for the Month of September, 1919.

COMPARATIVE TABLE.

	1919		1918	
	September		*September*	
Diseases	*Cases*	*Deaths*	*Cases*	*Deaths*
Smallpox	48	1	6	0
Scarlet Fever	187	4	187	3
Diphtheria	291	36	351	52
Measles	51	1	188	4
Whooping Cough	141	9	72	31
Typhoid Fever	101	31	111	31

COMPARATIVE TABLE—*Cont.*

Diseases	1919 *September* *Cases*	*Deaths*	1918 *September* *Cases*	*Deaths*
Tuberculosis	105	93	259	181
Infantile Paralysis	9	0	2	0
Cerebro-spinal Meningitis	6	5	6	4
Influenza	0	10	0	0
Acute-Primary Pneumonia	0	79	0	0
	939	269	1182	306

(*Note.—The last two diseases were not reported in 1918*).

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH FOR SEPTEMBER 1919.

	SEPTEMBER 1919 *Cases*	SEPTEMBER 1918 *Cases*
Syphilis	115	114
Gonorrhœa	151	246
Chancroid	7	7
	273	367

(*Note.—Three deaths from Syphilis.*)

SMALLPOX CASES REPORTED FOR SEPTEMBER, 1919.

	Cases	*Deaths*
Toronto	1	0
Brantford	1	0
Ottawa	2	0
Chatham	4	0
Woodstock	3	0
Napanee	1	0
Peterboro	7	0
Windsor	1	0
North Bay	1	0
Smithville	2	0
Cochrane	2	0
Kelso	1	0
Iroquois Falls	1	0
Winchester Tp	5	1
Martland Tp	4	0
Vespra Tp	1	0
Smith Tp	1	0
Field Tp	6	0
Marmora Tp	1	0
Onondaga Tp	2	0
Grimsby North Tp	1	0
	48	1

News Items

The inaugural meeting of the Federal Council of Health, created under the Act establishing the Federal Department of Health was held in Ottawa on October 7th, 8th and 9th. The Deputy Minister of Health, Dr. John A. Amyot, C.M.G., Chairman of the Council, presided at the several sessions. The following are the members of the Council: Dr. J. W. S. McCullough, Chief Officer of Health for Ontario; Dr. M. M. Seymour, Regina, Commissioner of Health, Saskatchewan; Hon. Dr. Wm. F. Roberts, Minister of Health, New Brunswick; Dr. H. E. Young, Secretary of the Provincial Board of Health, British Columbia; Dr. W. H. Hattie, Provincial Health Officer, Nova Scotia; Dr. W. C. Laidlaw, Provincial Health Officer, Alberta; Dr. E. Pelletier, Secretary, Superior Board of Health, Quebec; and Dr. Gordon Bell, Secretary, Provincial Board of Health, Manitoba. Prince Edward Island was not represented. There are five additional members of the Council, these are: Miss Helen R. Y. Reid, Montreal, representing Child Welfare and Social Service Agencies; Mrs. Todd, representing Canadian Women's Institutes; W. R. Rollo, M.P.P., representing Organized Labour; W. F. Stephens, representing Agricultural interests, and Dr. J. G. Fitzgerald, Professor of Hygiene, University of Toronto.

The topics discussed included: A plan for combating Venereal Diseases; Measures to combat Influenza; Questions relating to Habit Drugs, and the very important topics of Industrial Hygiene, Conservation of Child Life and Rural Hygiene.

The matter of the distribution of the $200,000 voted by the Dominion Government was discussed and it was recommended that $10,000 be appropriated by the Federal Department of Health for Venereal Disease supervisory work; that $10,000 be granted to the Canadian National Council for Combating Venereal Diseases, for educational and propaganda work; and that the balance be divided amongst the provinces, in proportions based on the population of each province; on condition that each province vote a like sum for the same work. This it is hoped will mean that nearly $400,000 will be spent in the Dominion during the year in Venereal Diseases, public health work.

It is anticipated that meetings of the Federal Council of Health be held about every six months.

Dr. J. G. Fitzgerald has been appointed Professor of Hygiene in the University of Toronto in succession to Dr. John A. Amyot, C.M.G., resigned, to accept the office of Deputy Minister of Health, Federal

Department of Health, Ottawa. Dr. Fitzgerald will also continue to act as Director of the Connaught Antitoxin Laboratories.

The curriculum leading to the Diploma in Public Health, in the University of Toronto, has been so amended, that those who are engaged in full-time public health work, and have been so engaged for a period of at least two years, may register and carry on the required work until the necessary courses have been completed, even though part-time work in two or more Academic years is required. Further information may be obtained on application to the Secretary, Faculty of Medicine, University of Toronto, Toronto.

Major Harold Orr, O.B.E., C.A.M.C., has recently returned after several years service Overseas. Major Orr acted as Sanitary Officer to the Shorncliffe Area, later he commanded a Sanitary Section in France; subsequently he was Assistant to the A.D.M.S. Sanitation British Armies in France, and finally was Sanitary Adviser to the D.M.S Overseas Military Forces of Canada, in London.

Captain D. Cameron Lochead, D.P.H., of Gull Lake, Saskatchewan, has returned from Overseas service.

An important announcement by the Association of the revision of the Membership Roll is to be found on page XVI of the Advertising Section.

Editorial

The Coming of Utopia

THE great world war with all its tragedies and wastage of human accomplishment and life has ended, and during a year civilization has been slowly struggling back to old conditions. The right has won. A sadly battered democracy slowly rises to gird up her loins to pass with increasing speed to her ultimate shining goal.

Men and women the world over look forward to the day when freedom will be more than a name—when opportunity will be for the many rather than the few, when the happiness and development to the full of the average individual shall be the main interest of the state—when the crass individualism (call it selfishness if you will) normally characteristic of past ages will die the death which advancing civilization renders inevitable.

Citizenship should carry it, responsibilities and rights—and no privileges. Too much in the past the state has interested itself in the state. A purely materialistic ambition has led to turning a blind eye to the fact that, after all the full development of the human being himself is the state's greatest interest. To permit individualism to develop to the extent that success in life depends mainly on the success with which one man defeats the ends of another is a dangerous policy indeed and the idea of "every man for himself and the deil tak' the hindmost" is falling more into disrepute every day.

The state must realize its responsibility to the individual. The individual must realize his duty to the state and his neighbour—not only in war time but always. An eminent American statesman of conservative tendencies speaking in Toronto a year ago said that the first duty of a university was to reach its students citizenship. A great English statesman said once that the first interest of a statesman was the health of the people. When both of these ideals are realized, when state, university and people work to the end that man himself shall attain the height of his mental, moral, physical, and spiritual possibilities, then indeed a piping Utopia will have come and for an eon or two we can rest.

Diphtheria Deaths

The unnecessary and preventable deaths from diphtheria continue to be reported in large numbers. As frequently pointed out in the JOURNAL this is an indication that the education of the general public

as to the danger of neglect in calling a physician in cases of seemingly mild sore throat, has not been sufficiently general or thorough. All preventable deaths are lamentable, none more so than those which can be absolutely controlled by means now in our hands. Public Health educators, physicians, public health nurses and social workers, should all combine to bring home to every man, woman and child in the community, the fact that diphtheria deaths can be absolutely prevented, not only in the future but right now, if everyone is in possession of the few simple facts reiterated every month in the JOURNAL.

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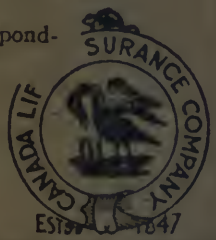

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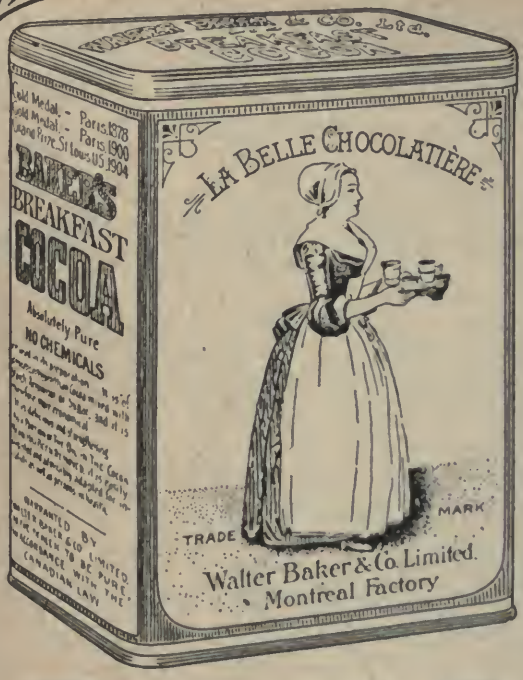

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The Public Health Journal

VOL. X DECEMBER, 1919 No. 12

Observations and Deductions on the Matter of Epidemic Pneumonia

ALBERT G. NICHOLLS, M.D., D.Sc., F.R.S.C.

Professor of Pathology, Dalhousie University, Halifax, N.S., and Director of Public Health Laboratories (Association of Medical Health Officers of Nova Scotia, July 1st, 1919.)

ONE might maintain with some degree of justice that pneumonia is such a well-worn subject that a consideration of it at this late date would be little likely to add to our knowledge. Yet he would be bold to the degree of dogmatism who would maintain that we have attained finality in any subject of medical interest. I read only the other day in an article by a medical man of repute, under date of 1916, this statement, "The bacteriology of influenza is fully established." One has only to peruse the many articles on this disease, based on the clinical and laboratory study of the recent epidemic, to realize that, on the contrary, the whole subject is in a muddle, and that there is no unanimity of opinion as to the specific character of the infection. I may, therefore, be excused for dabbling in this puddle, muddled for the time rather than clarified by the exertions of those upon its margin, but which, in all likelihood after, the opacities have settled, will give place to the clear well of truth.

By way of clearing the ground, I may, at the outset perhaps, be permitted to recall certain commonplaces of knowledge. There is the topographical classification of pneumonias, into *lobar* and *lobular*. Of the first, the so-called acute "croupous" pneumonia is taken as the type; of the second, broncho-pneumonia. Then, again, from the etiological standpoint, we recognize (1) Primary pneumonias, and (2) Secondary pneumonias, which may be further divided into *complicating*

Read at the Annual Meeting of the Association of Medical Health Officers of Nova Scotia, July 1st, 1919.

and *terminal*. The complicating pneumonias are those which occur in the course of other diseases, usually infectious, such as typhoid fever, scarlatina, measles, small-pox, rheumatic fever, diphtheria, cerebro-spinal fever, whooping-cough, and rickets. The terminal penumonias are those which usher in the final scene in those who are the subjects of chronic disease, tuberculosis, Bright's disease, diabetes, carcinoma, and the like.

These conceptions are helpful, at least on the clinical side, but for the pathologist and bacteriologist the problem is by no means so simple. All grades of inflammation may exist, from a simple desquamative catarrh to the most intense suppurative process, or even gangrene. The various stages of a pneumonia, again, may be irregularly manifested. Or, a particular microorganism may fail to produce the regulation pathological picture, but give rise to something quite different. Again, bacteria of widely-differing character will frequently set up inflammatory processes difficult or even impossible to distinguish, one from the other. Finally, one or many bacterial species may be at work. The combinations and permutations are, therefore, endless, and pneumonia might almost be called the despair of the scientific medical worker. The newer bacteriological technique, whereby closely related forms of bacteria can be differentiated, together with the numerous studies in immunity, are, however, gradually bringing order out of chaos. We now are realizing that pneumonia is not a disease, but rather a symptom-complex, the anatomical features of which are protean, the specific causes many. Moreover, several specific causes may be associated in one and the same case.

It has been taught from time immemorial that chilling of the body and fatigue are the most important determining factors in the production of pneumonia, and it is within the professional lifetime of all of us that this view has given place to the doctrine of specific infection. Now that this point is settled, questions such as the modes of infection and of transmission loom into importance and can be scientifically dealt with.

Not a few still hold the view that infective agents can give rise to inflammation of the bronchi and lungs, tuberculosis and pneumonia, for example, through inhalation. Careful investigation of this matter goes to show that this idea is incorrect, with the possible exception of "aspiration" pneumonia, which occasionally supervenes on anæsthesia, especially in connection with operations on the buccal cavity. Aufrecht, years ago, demonstrated the physical impossibility of foreign particles, such as dust or soot, being carried into the recesses of the lung in the ordinary process of respiration. The tortuous course of the respiratory tube, the ciliated epithelium, the moisture on the mucous surface, together with the reflex cough excited by surface irritation, tending to eliminate the

offender, are usually sufficient to prevent direct infection of the lung. The available evidence goes to show that microorganisms pass into the body from the surface of the nasopharynx, being picked up by leucocytes, and being then carried along the lymphatics to the nearest regional lymph-nodes, thence passing down the neck to the peribronchial nodes. There, bacteria may remain latent for long periods, even years.

It is not generally known, but experiments have proved, that microorganisms introduced into the conjunctival sac make their way to the nasopharynx in a very few minutes. Thus, an unsuspected point of entrance for infection is commonly available.

Some germs, if the dose be large enough, or frequently enough repeated gain access to the blood, and speedily reach the lung. Then, given sufficient virulence, or a weakened constitutional resistance, or, perhaps, a local tissue susceptibility, pneumonia follows. That epidemics of pneumonia may occur was well known to Laennec, Grisolle, and Jurgensen, in the early days, and gave support to the doctrine of contagion. Given a sufficient degree of virulence of the germs, and a sufficient degree of concentration, their occurrence need surprise nobody.

Outbreaks of primary, lobar, or so-called "croupous" pneumonia rarely attain epidemic proportions in this country, being usually limited to the development of several, after the initial case, in the same dwelling (household epidemics), or to an inordinate run of cases in institutions, but spread out over months. Epidemics of any considerable extent are of the lobular or broncho pneumonic type, and come in the wake of infectious diseases, such as measles and influenza.

In late years the most extensive outbreak of pneumonia was that which occurred in connection with the recent epidemic of so-called Spanish Influenza, which, after devastating Spain, Portugal, France, Germany, and England, finally reached America, appearing in Nova Scotia towards the end of last September. This epidemic differs from previous ones designated influenza in that it attacked by preference the young and robust: was complicated by pneumonia n a high percentage of cases; frequently assumed the appearance of an intense septicæmia; and was attended by great mortality. Various studies of this epidemic have lately become available, and we are in a position to make some important deductions.

With regard to pneumonia the following figures are of inertest. In the various Military Districts of Canada 11,496 cases of "influenza" were reported. 19.2% developed bronchopneumonia. At Camp Jackson, Columbia, S.C., U.S.C., Chickering and Park record 8,100 cases of influenza, with a percentage of 17.28 of pneumonias supervening. At Camp Grant, Ill., Hirsch and McKinney found that among 9,037

admissions for influenza, 26% developed bronchopneumonia. I am satisfied that these figures, high as they are, do not tell the whole story. It seems reasonable to suppose that many cases of so-called influenza, notably those with marked respiratory disorder, such as bronchitis, might be really cases of bronchopneumonia which resolve before the physical examination is conclusive. Many, also, might be so mild that evidences of bronchopneumonia might be overlooked, especially in the stress of handling an extensive epidemic. We all know the difficulties in the way of diagnosing with certainty a condition so elusive as bronchopneumonia. Inasmuch as the consolidation is at first patchy, and the areas may be of even minute size, dulness of the percussion note is either non-existent, or is masked by the hyperresonance of the accompanying compensatory emhpysema. The breath sounds, also, may be overwhelmed by bronchitic dry rales. When the patches become confluent and the case approximates more closely to the lobar type, diagnosis is easy, but many cases never reach this stage. Personally, the signs upon which I lay most stress, in the case of a febrile disease with acute respiratory distress, are hyperresonance, a certain harshness of the breathing in various areas, and a tendency to bronchophony in these areas. Fine crepitations, in spots, would clinch the matter, but are not always found. Taking such criteria, and considering the haste with which many examinations had to be made by the overworked physician, it is altogether likely that the percentages of bronchopneumonia ensuing in influenza are greatly understated. To support this contention, I might cite the work of Diemer at Camp Lewis, American Lake, Wash., U.S.A., who radiographed some 7,000 influenza patients, all suffering from symptoms of "cold", but not diagnosed as pneumonic. He was able to demonstrate bronchopneumonia in about 2,200 cases, in many instances before clinical findings were definite, and even where clinical examinations was entirely negative, except for bronchitis.

In regard to the bacteriology of the cases the findings vary greatly in different localities. In Military District No. 2 B. Influenza was found in 94% of cases, alone in 15%. In one district streptococcus predominated; in another pneumococcus. In one camp in the United States the staphylococcus was most often found. All reports, however, agree in this, that the infection is almost always mixed. This fact, and the further fact that B. Influenza is more often absent than not; and, again, that all the organisms incriminated have been often found in the healthy nasopharynx, raises a doubt as to the propriety of the term "Influenza", if by it we mean an infection due to B. Influenza of Pleiffer, and, indeed, whether any of the microorganisms found ought to be regarded as the primary and specific cause of the disease called Influenza. In fact, not a few bacteriologists held that these bacterial

forms are merely secondary invaders, possibly symbiotically aggravating the condition, inviting complications, and increasing mortality, but not the primary etiological factors. And in this connection I should refer to some recent work of Sir John Rose Bradford, and Capts. Bashford and Wilson, who record the discovery of a hitherto undescribed micro-organism, a filter passer, which grows characteristically, can be demonstrated in the sputum, where it assumes a pathognomonic arrangement, and which, inoculated into experimental animals can reproduce the pulmonary and other features found in human influenza. This organism is commonly found in the blood. The disease, therefore, in the light of these findings is a specific septicæmia, with a local manifestation in the lung, the virus exerting itself in a peculiar and intense manner on the walls of the blood vessels. These observations have not been confirmed, and perhaps may not be till the next epidemic, but would seem to be accurate. At least they open up a new field of research and are in harmony with the later opinions on the etiology of the affection.

Such a conception explains, as none other does, the protean character of influenza. It explains the fulminating form, in which the patient dies in a few hours with a profound toxæmia; with the most intense œdema and congestion of the lungs, but without true consolidation; it regards the pneumonic process as primarily due to the new organism, but assisted by and modified by the other bacterial forms we have referred to. It explains the peculiar degeneration of the heart and kidneys, the haemorrhages into the muscles; the curious lividity; the intense and prolonged prostration. The characteristic virus is a special and unusual one.

It may be the lot of the medical officer of health at any time to have to deal with the prevention and limitation of epidemics of pneumonia. The lines which his efforts should follow may be inferred from the foregoing remarks. The measures to be adopted fall into two categories, general and particular. There is a somewhat trite saying current among us, "In time of peace prepare for war". In view of the fact that any or all of the microorganisms associated in various degrees of casual relationship with epidemic pneumonia are common inhabitants of the nasopharynx, not only in diseased conditions of that cavity, but in healthy persons also, it is clear that any abnormalities in throat, nose, or teeth should be corrected, not only in the adult, but in the young. Here, the services of the school doctor or nurse are of great value. Adenoids and diseased tonsils should be removed; hypertrophy of the nasal mucosa corrected; catarrhal conditions dealt with promptly; and the teeth frequently inspected and treated when necessary. The use of the tooth-brush should be inculcated upon all. Precepts on the evil consequences of spitting in public places, and on the danger of exchang-

ing handkerchiefs, pencils, chewing-gum, practices common among the young, and the inadvisability of putting anything into the mouth but food and drink, are always in order.

Then as it has been found that, given the actual presence of the infective agent in the body, cases of pneumonia become more frequent and more virulent under conditions of overcrowding, imperfect lighting, dusty surroundings, and fatigue, the virtues of fresh air, abundance of sunlight, sufficient rest, and general cleanliness should be insisted on, in season and out of season.

Then comes the problem of the "carrier". Every case of pneumonia is a carrier for a variable period during and, perhaps, after, convalescence; every attendant on a case of pneumonia is a potential carrier. Observations made at the Rockefeller Hospital upon normal individuals have proved that the pneumococcus so often present in the mouth belongs to type IV, the most ill-defined and least pathogenic of the forms usually met with in this country. Stillman (*Journ. of Exper. Med.*, 1917, 26, page 513) found that the pneumococcus present in the dust of rooms in which cases of pneumonia had not occurred belonged to the same type that occurs in the normal mouth. He brought out the interesting point, also, that pneumococci are more common in the dust of rooms in which cases of pneumonia (types I and II) have been tended than in other rooms. It has also been shown conclusively that carriers harbour in their mouths the same types of pneumococci as were present in the cases of pneumonia with which they had been in contact.

The available evidence, therefore, goes to show that pneumonia is communicated for the most part through the agency of the carrier. Pneumonia, therefore, even the sporadic form, should be regarded as a dangerous infectious disease and dealt with as such. Unnecessary visitors should be interdicted. Care should be taken to avoid mixing the utensils of the sick room with those of the rest of the household, and both utensils and bedding should be put at once into boiling water when dispensed with. The patient's mouth and nose must be kept scrupulously clean, by the use of suitable disinfectant sprays or washes of mild character. This not only lessens the dose of the infective material which the patient is receiving daily, but lessens the danger for others. Of the newer disinfectant agents recommended, as being particularly deadly for the pneumococcus, are ethylhydrocuprein and other cinchona derivatives (Morgenroth and Levy, Wright, Moore, Kolmer and Steinfield). The last-mentioned experimenters recommend mouth washes of ethylhydrocuprein hydrochloride or quinine bisulphate, compounded with liquor thymolis (1 to 10), so as to make a solution of the drug of 1 to 10,000 strength (liquor thymolis is made up at the Philadelphia Polyclinic as follows: benzoic acid, 64 grains; boracic

acid, 128 grains; thymol and menthol aa. 16 grains; oil of eucalyptus, oil of wintergreen, and oil monarda, of each 4 drops; alcohol and glycerine, of each 4 ounces; water to make 16 ounces).

The length of time during which an individual, patient of contact, may be infective varies within wide limits. Stillman, studying 84 persons who had been in contact with pneumonia cases, found that the carriers harboured the germ for from seven to eighty-five days. Dochoz and Avery record that a patient recovered from pneumonia was infective for as long as ninety days. It would hardly be feasible to quarantine patients and contacts for as long as three months, but the frequent use of the antiseptic wash or spray would lessen the danger of spreading the disease very materially.

Experience has shown that in times of epidemic not only does the case incidence rapidly reach an acme, but also the virulence of the disease is coincidently increased. The early strangulation of an epidemic, therefore, is of the greatest importance. One may profitably inquire here as to the efficacy of preventive inoculation. Vaccines are in some cases of extreme value in preventing infectious disease, notably in small-pox, typhoid, paratyphoid, dysentery, cholèra, and plague. To be effective, the vaccine should be homologous, that is, composed of the same microorganism, or of its products, that is causing the infection. Preferably, it should be autogenous. Even when all due precautions are taken, the scope of vaccines for prophylaxis is somewhat limited. In the case of epidemic pneumonias the problem is quite difficult. As I have indicated a great variety of organisms are at work, some of great pathogenic power, others less virulent. Some play a principal role; others may be merely present as "accomplices", as the French term them. Still others may be associated simply as saprophytes, but without any special importance. Our information at present is not sufficient to permit us to appraise the importance of each. In some instances, it may be found that the appropriate vaccine is ineffective. In any case a multiple vaccine would probably be required. Now, as it would appear that the microorganisms concerned are not always the same, nor are they always associated in the same groupings, either in different epidemics, or in different localities in the same epidemic, it is obvious that a vaccine, no matter how scientifically compounded, cannot be expected to meet completely all indications. At the present time the best we can do is to pick out the germs that are most frequently found and prepare a vaccine from them. These are pneumococcus and streptococcus, half brothers in iniquity, as in bacteriological peculiarities. Fortunately we now possess experimental and clinical evidence that pneumococcus vaccines are of considerable value for immunizing purposes. The evidence on the matter of streptococcus vaccines is less

convincing, but at least in experimental animals it is possible to bring about active immunity by the injection of streptococci, dead, attenuated, and living.

Perhaps the first attempt on a large scale to bring about prophylaxis in pneumonia was that of Wright, who, working in Africa, obtained a reduction of 50% in the incidence of the disease among the natives working in the mines. His vaccine was made up with saline and was given in two doses of 1,000,000,000 each. This was, however, before the days of the typed pneumococcus, so that his results are sufficiently striking. Soon after, F. S. Lister, with a vaccine composed of the three types of pneumococcus responsible for 69% of the cases of pneumonia among the natives of the Transvaal, obtained extremely encouraging results also.

In America, early in 1918, Cecil and Austin published the results of prophylactic vaccination of 12,519 men at Camp Upton with pneumococci of types I, II, and III. No cases of pneumonia due to these types occurred among those vaccinated, and, moreover, cases of pneumonia due to type IV and to streptococci were much fewer than in the uninoculated.

At Camp Wheeler, Cecil and Vaughan report the results in the case of 13,460 who received a vaccine containing types I, II, and III. Among 13,343 vaccinated the incidence of pneumonia was 26.1 per 1,000, and in 3,378 unvaccinated was 68.3 per 1,000. As immunity was not found to begin to occur until the eight days, if the cases developing pneumonia within the first week after injection be deducted the results are still more striking.

I have indicated above the multifarious nature of the germs present in influenza and the complicating pneumonias of influenza, and have pointed out the difficulty of establishing each species in its proper etiological relationship. The pathogenicity of the various forms can in a measure be gauged by their power to produce immune bodies in the serum of the individual infected. Once this information is obtained it affords us a substantial basis on which to establish our vaccine prophylaxis. A beginning in this direction has been made by Kolmer, Trixt, and Yagle (*Journ. of Infect. Diseases*, vol. 24, No. 6, page 583). In a very valuable paper these investigators state that the sera of 45-50% of persons suffering from influenza yielded complement fixation with the polyvalent antigen of B. Influenza. Also, there was a slight increase in the amount of opsonins and agglutinins in these cases.

Complement fixation occurred with the sera of 38% of persons ill with influenza, using a polyvalent antigen of hæmolytic streptococci. Opsonins were slightly increased during the first week of influenza, but decreased with the onset of pneumonia. Agglutinins apparently were

not increased. About 38% of sera from cases of influenza gave a positive complement fixation against a polyvalent antigen of n. catarrhalis. There was in this instance no increase in opsonins and agglutinins.

The sera of persons suffering from influenza, in whom staphylococcus aureus and pseudodiphtheria bacilli were found, in general gave no complement fixation with antigens prepared from these germs, nor were opsonins and agglutinins increased.

Thus it would seem that, in the epidemic studied by them at least, the most important roles in inducing infection were played by B. Influenza streptococcus hæmolyticus, and micrococcus catarrhalis, and in the order given. This work is of great importance and it is to be hoped that further studies along these lines will be forthcoming. It should be stated that Kolmer, Trist, and Yagle did not apply the parallel series of test to the pneumococcus, doubtless, though they do not say so, because the data respecting this germ are fairly well established.

So far as our information goes, at this date, a vaccine composed of pneumococci (of the various types), b. influenza, streptococci (hæmolytic), and micrococcus catarrhalis would, with much show of reason, be likely to prove efficacious for the prevention of these epidemic pneumonias and the amelioration of the infection now termed influenza. As a matter of fact, a vaccine of this order has been tested out, with this difference, that the n. catarrhalis was left out. Minaker and Irvine (*Journ. Amer. Med. Assoc.*, vol. LXXII, No. 12, page 847) detail their work in this direction. In a population of 1,233,782 uninoculated persons there were 43,671 cases of influenza, a percentage of 3.54. The mortality was 8.5%. In 6,400 inoculated there was a case incidence of 111, a percentage of 1.73, with a mortality of 1.8%.

In view of the foregoing studies, I would sum up the duties of medical men, and particularly Medical Health Officers, in the face of epidemics or threatened epidemics of pneumonia, such as follows:—To

(1) Instruct people generally to live "the simple life", and to keep in the open air as much as possible.

(2) Prevent the congregation of people in assemblies within doors.

(3) Advise the inoculation of all unattacked persons with an approved vaccine. This, in my judgment, for the present at least, should contain pneumococci, types I, II, III, b. influenza, staphylococcus aureus, streptococcus hæmolyticus, micrococcus catarrhalis.

(4) Recognize early and report cases to proper authority.

(5) Segregate all suspects until such time as diagnosis is properly established.

(6) Order strict quarantine of all cases for, say, the first week. If, in spite of this, the disease becomes epidemic, it is not possible to enforce such a measure.

(7) Isolate actual cases in hospitals, extemporized hospitals, or in tents, in the face of extensive outbreaks. The spread of infection is much more rapid when patients are retained in their homes.

(8) Advise the use of suitable sprays, mouth washes, and gargles by patients, suspects, and contacts, not forgetting disinfection of the conjunctival sac.

(9) Recommend the use of masks by doctors, nurses, and attendants, while in the sick room. These masks should be large enough to cover the whole face, and should be provided with windows for the eyes.

(10) Apply the open-air treatment in fine weather; avoid all overcrowding of special hospitals.

(11) Remove convalescing patients from the hospitals to other buildings.

(12) Segregate convalescents for two weeks, using proper sprays for nose and throat.

(13) Publish in the daily press the precautions advised and the reasons therefore.

Statutory Practice

Dr. A. E. Forbes, M.H.O., Maccan, N.S.

THE Great War with its manifold revelations exposed to the noon-day glare many national defects; the recent epidemic of influenza came a close second, yea, came first, as far as the profession is concerned in exposing the unpreparedness of the army of defence, not only in our own Province, but over the North American Continent.

Even as in the early advance into Belgium of the Hunnish horde in the summer of 1914, and the relentless "driving in" of the heroic Belgian army; so we found ourselves driven to bay by the sudden advance of the legions of Pfeifer, supported in many instances by the forces of Fränkel.

Had it not been for the permanent general staff and our respected Generalissimo, chaos would almost have reigned, as the pressure became worse and the general practitioners became overworked—not a few, alas, succumbing to the disease, martyrs at their posts of duty! And right here it might be opportune to suggest some memorial to the brave members of our profession who virtually "died in harness".

Now notwithstanding the indefatigable and intelligent manner in which the Provincial Health Officer has acted in the face of such an epidemic, it is quite patent to all, that owing to various causes, he has not had the support in carrying out in detail the provisions of the Health Act, as well as in many ways, not at all within the scope of laws and acts.

As an example, a so-called "flying squad" of nurses, and physicians as well, if the latter could be obtained, should, if available, have been despatched to the different parts of the Province, where the enemy was rapidly gaining a foothold. Remember, I quite realize the scarcity of physicians and nurses last autumn and winter owing to overseas requirements, yet the fact remains that were they available, this would be the correct procedure, viz., the strengthening of the local force by a contingent of nurses when the outbreak was rapidly augmenting.

We are amending and improving our health laws from time to time, but it seems as if we were preparing to "lock the stable after the steed had been stolen." It is as if the ablest strategist and tactitian during the Great War had attempted to stay the oncoming enemy by a barrage from cannon that had done duty at the siege of Louisbourg.

Without calling in question any of the provisions of the amended Health Act, a few observations from the rank and file of the profession might not be out of place.

Read at the Annual Meeting of the Association of Medical Health Officers of Nova Scotia, July 1st, 1919.

(1) While public assemblages such as churches and schools could be closed, the travel by train, street car and steamboat was not, or could not be wholly eliminated. It has been fairly well demonstrated that the quarantine public and private has been more or less of a failure. It has been shown again and again that children attending school have been exempt, whilst those kept at home have been seized by the disease. In fact, in the villages and towns, the children seemed safer in schools than roaming the streets or playing in groups.

(2) Quarantine injunctions became meaningless at the outset, because in 90% of the placarding it was ineffectual on the principle that if a farmer coops up his chickens he must forsooth feed and water them several times daily.

We all know the "red tape" to be followed if small-pox invades our municipalities, and the endless vexations in having a watchman or constable supervise the wants of the quarantined ones; how, if such an official is conceded as a necessary evil, and he is permitted to draw a few dollars in this way, then in sequence, the grocer who supplies the "necessities" as well, as the long suffering doctor, is pitilessly sacrificed before the august finance committee.

It may have been that in days past certain brethren may have injudiciously padded their wallets from the municipal funds, yet we do not all come under the black flag of the "skull and crossbones", and many a weary mile has been covered and a very moderate account rendered to the Council to receive the desserts that it ill deserved.

I submit, and I feel that 99% of our councillors will agree with me, that medical accounts which should include all quarantine bills, should be "checked off" in the Provincial Health Office, with an auditor if you will, from the municipality where the work was contracted.

To recapitulate, then, if a complete quarantine was inaugurated, with watchmen on the doors, with food being supplied at the country's expense, then, in the face of such an epidemic, it were useless to quarantine for in reality every second family would be flying the yellow emblem.

Hence, because there is not that fine sense of reciprocal interchange between the Provincial Health Office and the Municipal Office due to an antiquated system that is hard to uproot, the *Flu* quarantine became ineffectual. May we pray that in the "process of the suns", the Health Office at Halifax may continue to direct our efforts, as well as adjust the accounts of all concerned in carrying out the provisions of the Health Act.

Owing to shamelessly inadequate nursing help we found that to put on a rigid quarantine the helpless victims would assuredly perish, *e.g.*, a family all stricken simultaneously. We have seen instances where, were it not for the unselfish and noble attempts at relief by a

near neighbour, the cases would have succumbed. This was unavoidable and in many cases the kindly neighbour was soon stricken.

This, it would seem, could have been controlled and the spread of the epidemic greatly lessened by the appointment of a "sanitary patrol", composed of one or more for a village or countryside, whose duty it would be to see that none entered or left infected houses; see that ventilation was observed, and in general see that a *real* quarantine was respected.

If the Health Office at Halifax had the powers they should be vested in, and the immediate municipal response to make the same effective, a *wire* from the Provincial Health Office should have an official appointed in a few hours, and for that matter have complete powers to inaugurate quarantines direct from headquarters. And again it is confidently stated that if federal authority in the matter of the ramifications of the Health Act is concerned were given to the Provincial Health Office our fine type of councillors would not demur, but on the contrary be very pleased to hand over a troublesome phase of municipal business now conducted by them.

As it is now, to accomplish a quarantine follow the procedure: (1) Search the minutes of the Council, or its list of officers, to pick out the "local board" for the district. A case in point would be, say, five farmers living at all distances in this district, some, perhaps, without telephones, or absent from their homes and no way of notifying them; likewise picture if you will the discomfiture of the councillor who is automatically chairman, as he tries to parry the doctor's arguments as to the necessity of placing a patrol or constable in a village where twenty-five cases are rapidly becoming fifty and so on. Has he the power? he argues. What will his constituents think? Mr. So-and-So is well able to pay for his sustenance and he shall receive no help from the country, whilst Mr. So-and-So, if not too ill, vows that he will have the councillor's scalp and so on.

These, brethren, are some of the arguments to be met by a physician in his combat of the Flu and kindred epidemics. Again, if paupers live in an infected district, well we all have had that bitter experience and it is just as bitter for the councillor who is endeavouring to restrain and limit accounts affecting his district.

The remedy for all this may rest with the Divisional Superintendents, the District Nurse, etc., but even so we have felt that orders should come direct from Halifax relative to quarantine—in a word, relieve our County Councils of such matters altogether, and make such accounts chargeable to the municipality in the same way as commitments are now paid or a coroner's fees is liquidated. Just so long as a wrangle exists between the physicians and the council, just so long and just so

generally will epidemics spread. It is very false economy to estimate the cost of fighting such an epidemic as the Flu. The motto should be "Stamp it out and reckon the cost afterward".

The above represents some thoughts that recurred again and again as we have been brought face to face with disease and its various results in this Province.

And now, we would be inclined to ask, why are measles, pertussis, phlegmononstonsillitis, and the parasitic skin diseases as scabies and impetigo contagios (commonly called "swinepox") not segregated?

The latter is extremely contagious, and all practitioners have seen it work havoc with the tender cutaneous structures of children and even adults, the face becoming further and further auto-infected, until a mass of pustules extend around the mouth and chin and invade the cheeks as well.

Take the above list, and, compared with mild smallpox, which is quarantinable by statute, there is not much to choose between them.

What, may I ask, is more grave in effects than measles and whooping-cough? It may not be necessary to quarantine the whole family away from the public but let the infected member be handled as if he or she had contracted variola, and this difference only made, that the victim be kept studiously to one apartment and not have the whole range of the household.

It is shameful to see the ravages of measles and whooping-cough upon a family of small children, which, if a process of segregation had been enforced, might have saved promising lives. For the sequelæ of the exantherns are frequently deadly, and I have had cases in my own experience where the temperature of measles has continued into phthisis and the racking pulmonary pertussis has been the binder that ignited the T.B. in an inherited soil.

It may be argued that if quarantine were to embrace these diseases, an endless chain of quarantining would ensue. I would prefer segregation in these cases.

The ideal method would be the early reporting of a suspicious rash or a spastic cough; upon the physician's diagnosis being confirmatory much suffering and possible death could be avoided if the child were removed to a room as far from the family quarters as possible until danger was past.

It is a common experience also to find that diphtheria *e.g.* has become almost epidemic in a trice due to a family concealing a sore throat or wilfully making light of the same. A penalty enforced for this kind of thing would prove salutary.

The Nineteenth Annual Report of the Executive Council of the Canadian Association for the Prevention of Tuberculosis

GEO. D. PORTER, M.B., *Secretary*

IT is encouraging to note that in this our Nineteenth Annual Meeting we are again able to report progress. In the different centres such as Sanatoria, special Tuberculosis Hospitals, Dispensaries and Laboratories there is a steady growth in the amount of work being done for the care of the tuberculous and in the efforts made towards its prevention. More accommodation for the tuberculous, more home care, more widespread efforts on the part of Provincial and Municipal health authorities in the same direction and in the matter of education of the public can be reported.

Of special interest is the new Laval Hospital for the tuberculous recently opened at St. Foye, Quebec. This splendid institution, now caring for about 100 patients, cost some $250,000. Of this amount $150,000 was raised by the Knights of Columbus. The Province added $25,000, the municipality about the same, and the remainder was raised by private subscriptions. This is still another notable accomplishment for private initiative in the doing of which local public opinion must have been largely educated on the tuberculosis problem. "An educated public opinion", as pointed out by Livingston Farrand, "much needed by health officials of the country in order to carry through measures which they know should be enforced and administered". Much of the credit for this enterprise is due to Dr. Rousseau of Quebec, who has so long been identified with this movement and who has been untiring in his efforts towards securing some adequate provision for the tuberculous in Quebec.

Another example of private initiative, so noteworthy in the tuberculosis movement in Canada, is the Rotary Institute for Diseases of the Chest. This dispensary just opened in Vancouver is the result of a body of public spirited citizens, the Rotary Club of that city taking hold of an important problem in their own city in a way which should prove most useful for controlling a menacing disease in their midst. This makes seventeen dispensaries now in Canada, and according to the report of the sub-committee on tuberculosis appointed by the conference

representing the Allied Red Cross Societies under the Presidency of Sir Robert Philip, "The centre and pivot for the control of tuberculosis is the dispensary." Quoting further from this report, as showing lines of development which are also being followed here: "With this must be closely linked sanatoria hospitals or homes for advanced cases, open air schools, and farm colonies. Particular importance was urged on attention to such vital matters as the care of children, the problems of housing, nutrition and alcoholism; the institution of appropriate measures to prevent the transmission of tuberculosis through infected milk; open air schools for the accommodation of children already infected by or suspected of tuberculosis; close co-operation between the several institutional factors—dispensaries, hospitals, and sanatoria —and the more extended development of skilled social service under medical care."

Among the movements not yet completed but of special interest are the large Provincial Institutions already begun in Alberta, the one in Montreal for the establishment of a hospital for curable cases in that city, the special babies' ward at the I.O.D.E. Preventorium in Toronto and the I.O.D.E. Preventorium at the Provincial Sanatorium in Saskatchewan. The many improvements and additions, notably those to the Provincial Sanatorium in Nova Scotia, will be noted in the various local reports.

Measures recently taken by the Department of Agriculture to provide against contaminated milk are most important. The former regulations have been amended so that any town or city may apply for Government aid and the compensation has been raised for those losing cattle reacting to the tuberculosis test. The importance of this work to the health of the community, especially to the welfare of the children, cannot be over-estimated. Since this work was begun there have been over seven hundred diseased cows removed from the dairies supplying four cities and towns.

During the year our Executive Council passed a resolution "strongly endorsing the suggestion for laboratory arrangements being made whereby serological tests for the tuberculous or suspect tuberculous patients can be carried out at different University and Provincial Board of Health Laboratories in Canada", and another expressing "Approval of the offer of the Connaught Laboratories, University of Toronto, to assist in this work". Since then this forward step in the extension of research on pulmonary diseases, and one which promises some aid in tuberculosis, had been initiated by the Department of Soldiers Civil Re-Establishment with the assistance of the research department of the University of Toronto. They are beginning with the complement fixation and other modern laboratory tests on the cases, both military and

civil, appearing at the General Chest Clinic of the Toronto General Hospital. Dr. Alfred Caulfield is at present the physician in charge of this work. It is hoped and intended that the number of these clinics should be enlarged so that outlying sanatoriums can also take advantage of them.

Another resolution forwarded from the National Sanatorium Association was passed by our Executive. This was to the effect that "owing to the existing great need for more nurses with special instruction and experience in the care of tuberculous patients it would seem to be advisable that all existing training schools in Canada should undertake, by by affiliation with hospitals and sanatoria for tuberculosis or otherwise to give to their nurses in training at least a two months' intensive course to fit them for the adequate care of such cases.

A forward step in the treatment of tuberculosis has been made, we believe, in the increased attention now being paid to vocational training among patients. This was started in 1916 and has been developed steadily under the Department of Soldiers Civil Re-Establishment in Sanatoria where there are at present 1,660 patients besides 147 out-patients under their care.

The patients are divided into the following:

Class A.—Bed cases suffering from the disease in acute stage and who remain in bed until their temperature is practically normal.

Class B.—Porch cases who go to meals three times a day and rest in chairs in the fresh air the remainder of the day.

Class C.—Exercise cases who commence by taking a fifteen minutes' walking exercise daily, gradually increasing to two hours' walk each morning and a similar walk in the afternoon.

Patients in Class A are sometimes able to undertake light work, such as lace-making, drawing, weaving, etc.

Patients in Class B are able to do more of the same kind of work as that assigned to Class A patients, and as their strength increases they are given heavier work, such as reed basketry.

Class C patients are prepared for work by proper physical exercise and as soon as possible take up arts and crafts work—such as basketry, carving, toy-making, art metal work, picture frame making, engraving, etc. Others are trained as chauffeurs, which occupation is recommended medically as an ideal employment for lung sufferers. At most of the Sanatoria special buildings have been erected to house the vocational work. Some men study the ordinary subjects of a school education. Others are learning shorthand and typewriting. All this work is in the nature of occupational therapy. The industrial re-education of men who are prevented from returning to their previous civil occupations is another problem which is being handled in the same manner as

the whole problem of the re-education of the disabled. The problem of the tuberculous soldier, however, is to be taken up more fully by Dr. Elliott later on.

Since our last Annual Convention we have distributed 7,000 reports. About these a favourable editorial has appeared in the *British Medical Journal* pointing out their practical value, especially mentioning the uniformity in the plan of our reports and the "general collation of results that are being attained in a form available for public use". It also commends the lists of institutions contained therein "affording the information so often asked for in respect to terms and conditions of admission, and also the names of responsible officials".

Our posters are sent only to those specially requesting them for educational purposes. There are now 150 sets of these being used in different places. Two sets by the Tuberculosis Commission in France, six by different health officers in England, about twenty in the United States, some of which are in American Universities. In Canada they are widely scattered. A few in different schools, colleges and Universities. Some in Provincial Health Exhibits. Some are being used by Tuberculosis, Child Welfare, and other societies, a few in factories and stores, while sets are shown in practically every sanatorium and dispensary in Canada. A number of clergymen and physicians are also using them for lecture purposes. It might be of interest as showing their wide distribution to know that they are being used by Dr. Grenfell in Labrador and also at Norway House for work among the Indians. This is situated four hundred miles north of Winnipeg, where mail is received only once in two weeks by dog train. That these posters should prove useful we may quote from a recent issue of the *British Journal of Tuberculosis*.

"Much valuable educational propaganda work is being accomplished by means of suitable poster exhibits. We have recently received a fine set of twenty panel poster cards issued by the Canadian Association for the Prevention of Tuberculosis. These are particularly effective. The lettering is clear and arresting; the diagrams and illustrations are highly instructive, and in some cases a striking effect is procured by artistic colour printing. These posters might well serve as good models for anti-tuberculosis work in the home country as well as in Britain's Overseas Dominions."

Many letters of commendation from different parts of the United States and Canada have also been received.

Our pamphlet, "What you should know about Tuberculosis", is forwarded only on request and including those in parcel lots for institutions and societies we have sent out some 10,000 during the year.

In regard to these we may quote from the Medical Officer in charge of one of the large sanatoriums: "We find these very useful in our work with the soldiers, as we put one into the hands of every new patient and great benefit is derived from them. They keep them and take them home with them".

The Provincial Health Officer of Alberta says: "We should like a further supply as we are sending out public health nurses and would like these for distribution in connection with their work, and also in connection with the fairs where the nurses will be". These pamphlets are also distributed to students, physicians and laymen, but are specially useful in the hands of patients and those subject to living with them. We have also distributed over 100,000 leaflets and a number of reprints and papers on tuberculosis.

Our secretary has addressed a number of clubs, societies, and other gatherings during the year. Special mention might be made of lectures delivered to the fifth year medical students of Toronto University and to the nurses in training from all the hospitals in Toronto. More important, however, is the increasing number of requests received at our office for material for lectures by others.

The accommodation for the tuberculous in Canada now amounts to over 3,500 beds, a great increase in the past ten years; about forty-five per cent of this increase, however, has been added during the past four years as there were only 1,800 beds available at the beginning of the war. This has been largely due to the added accommodation provided for tuberculous soldiers and the solution of the tuberculosis problem among civilians, let us hope, may be materially assisted by the work done for the soldiers.

Only about six per cent, however, of the tuberculous in Canada can now be accommodated in Sanatoria, and while every bed available is much needed and many more are still required yet we must recognize that the great majority of patients will always be treated in their homes, and the importance of proper domiciliary care must be emphasized. The value of the visiting nurse is being more and more recognized, and the increase in number so employed is highly gratifying. Tuberculosis is a house disease and the Government is to be congratulated upon its recent housing schemes which should tend to lessen the incidence and mortality from tuberculosis. May we also add our congratulations for their creation of a Federal Department of Public Health, a measure which this Association has favoured by resolutions passed at every annual meeting for many years past.

We regret to note the deaths during the past year of no less than four officers of our Association. His Grace the Most Reverend Charles Hamilton, D.D., of Ottawa; Professor Frank Westbrook, President of

the British Columbia University; and Mrs. P. D. Crerar, of Hamilton, were all Vice-Presidents of this Association and had taken a most active interest in the anti-tuberculosis movement both in their own localities and in our own Canadian Association. The loss of such leaders and altruistic members of our Association will be hard to fill and their example of devoted interest in such a public movement will we trust be an inspiration to others. In the loss of Dr. E. P. Lachapelle, of Montreal, we miss not only his winning personality but his kindly and intelligent counsels as he had not only a sanatorium of continental reputation but was a man of fine public spirit as well.

As showing the importance of the tuberculosis problem in Canada, we might point out that the number of Canadian soldiers killed in action or dying from wounds during the war amounted to 50.869, and the losses in the Canadian Army through disease, of which tuberculosis had its share, were 3.940, making a total of 54.919. We have had between forty and fifty thousand deaths from tuberculosis in Canada during the period of the war—a number approximating those of our soldiers killed in the war. In this connection we might quote from a recent address by our former President, Professor J. F. Adami, before the Medical Society of London on the Physical Census. In this he says that among the causes leading to rejections from the Army, tuberculosis accounts for about one-third, and he also points out the interesting fact that the majority of these cases had been previously unsuspected until diagnosed by the medical boards.

Lloyd George is quoted as saying that "We could have put into the fighting ranks, if the health of the country had been properly looked after, at least one million more men". That the conservation of the health and the lines of our people in times of peace is of first importance, as it is during war time, is self-evident, and the annual death rate of over ten thousand from tuberculosis in Canada makes the control of this disease one of our most important health problems.

If then the steps essential for its control, as we believe, involve a proper survey, a dispensary system and home nursing as well as hospitals, sanatoria and preventoria, a pure milk supply and also a radical change in our housing problem, which is really the tap root of it all, how are we to get these things without education? This is the function of our Association and its kindred associations throughout the Dominion and for that work we look to the medical profession for leadership and to public spirited citizens everywhere and to the Government for co-operation and help.

A Plan for a More Effective Federal and State Health Administration.

FREDERICK L. HOFFMANN, LL.D.
Third Vice-President and Statistician the Prudential Insurance Company of America

(*Continued from our last issue*).

Town Planning and Housing

The intimate relation of housing to health is clearly recognized, but, speaking generally, the best available knowledge on the subject is not applied to the successful solution of present-day problems. Of the many housing surveys which have been made, perhaps one of the most useful from the medical viewpoint is "A Study of the Housing and Social Conditions in Selected Districts of Philadelphia", by Dr. Frank A. Crane, contributed to the Eleventh Annual Report of the Henry Phipps Institute. Considered merely in its immediate hygienic aspects, the housing problem is, however, but a part of the much larger question of city planning. The many reports which have been made give evidence of the absence of uniformity to thoroughly well-considered standards. City planning, of course, includes much more than the obvious considerations of health and well-being, but no plan or method can be considered satisfactory which does not rest upon fundamental principles of hygiene. Among the more recent investigations a report on "The Development and Present Status of City Planning in New York City", prepared by the Advisory Commission of the Board of Estimate and Apportionment, may be referred to as a model of concise presentation of essential facts and principles, although no specific references are made to housing in relation to health. A report on a more elaborate scale has been issued by the City Plan Commission of Newark, N.J., including observations on the water front and waterways, markets, parks, housing, etc., but in this case also there is an almost complete absence of evidence that the sanitary engineering aspects of the problem were properly taken into account. To omit important sanitary considerations from city planning is as irrational as to omit such considerations from house planning or the construction of public buildings. To give priority to architectural or aesthetic considerations must necessarily lead in many cases to seriously injurious results. Most of our American cities are far from as attractive as places of residence as they could easily be made, if there were more rigid conformity to accepted principles of city and town planning, and the same conclusion applies to considerations of health and physical well-being.

The modern tendency towards so-called "garden cities" is deserving of every possible encouragement, if only on hygienic grounds. The relation of overcrowding to ill-health is clearly recognized, and the alleged necessity for such overcrowding is frequently merely a matter of economic consideration—or, even worse, of a deliberate encouragement of wrongful speculation in housing and land values. What may be achieved by means of the garden city movement has been made very clear by such contributions as those of Ewart G. Culpin, the Secretary to the Garden Cities and Town-Planning Association of England. Another English author, J. E. Hutton, Manager of the Labour and Catering Department of Vickers, Ltd., emphasizes with commendable brevity the essential facts of welfare and housing, including useful and extended observations on hospitals and medical services. In England the Local Government Board reports annually upon housing and town planning, in clear recognition of the fact that this subject is now one of serious government concern. The problem is, of course, as much one of rural as of urban hygiene, since much evidence has been forthcoming of far from satisfactory housing conditions in rural sections. A very convenient summary of facts and information on the whole subjects of housing and town planning is presented in the Annual Proceedings of the American Academy of Political and Social Science for January, 1914. It is regrettable, however, that although practically every social and economic phase of the subject was made one of extended consideration, the health and hygienic aspects of housing and town planning were entirely ignored. There is, therefore, much urgency for a more active government interest in all that is comprehended under the general term of urban sanitation, housing and town planning, if the required further reduction in the urban death rate, especially from tuberculosis and the acute infectious diseases of infancy is to be achieved within a measurable period of time.

A States Relations Service

The States Relations Service section rests upon the conception that the time is near when the Federal Government should provide its share of funds in the furtherance of the working out of a rational public health policy for every section and subsection of the United States. The constitutional difficulties of such coordination seem to have been successfully overcome in the States Relations Service of the Department of Agriculture, and the expansion of the same principle in interstate highway construction, etc. It would seem entirely sound that the share of the nation in the general sanitary administration of the country should be one-third of the total cost, provided standardized requirements of service are demanded of the local anthorities, upon whom would fall

the burden of providing the other two-thirds of the cost, which again might be divided between the State (assuming one-third) and the county or municipality (assuming the other third). It is only upon some such principle as this that a perfect working plan of co-operation and coordination is ever likely to be developed. Unless the Federal Government has a direct financial interest in local plans and purposes of sanitary administration there can never be a truly national health interest, sustained by a national policy of public welfare.

Since the functions of the States Relations Service are generally not well understood, the following statement from the Annual Report of the Director of the Service for the year ending June 30th, 1918, may prove of interest: "The States Relations Service represents the Secretary of Agriculture in his relations with the State Agricultural Colleges and Experiment Stations under the Acts of Congress, granting funds to thees institutions for agricultural experiment stations and co-operative extension work in agriculture and home economics, and in carrying out the provisions of the Acts of Congress making appropriations to the Department of Agriculture for farmers' co-operative demonstration work, investigations relating to agricultural schools, farmers' institutes and home economics, and the maintenance of Agricultural Experiment Stations in Alaska, Hawaii, Porto Rico and Guam. During the fiscal year 1918 the service directly administered regular and emergency appropriations aggregating $6,016,060, and had administrative and advisory relations regarding the expenditure of $3,520,000 of Federal funds and $1,600,000 of State funds used as an offset for Federal funds under the co-operative extension act. In addition, the agricultural colleges and experiment stations used in experimental and extension enterprises over $7,000,000 derived from sources within the States". On June 30th, 1918, the force carried on the rolls of the States Relations Service aggregated about 6,800 employees. It may be said in this connection that the Office of Home Economics "includes investigations relative to food, clothing and household equipment and management". The suggestion, therefore, that the Federal Government should extend financial aid in a similar manner, possibly on the basis of one-third of the total expenditures in the furtherance of approved plans of urban and rural sanitation, would not seem to imply a strained construction of Federal responsibility, nor an undue or undesirable enlargement of Federal power.

Communicable and Transmissible Diseases

The section on communicable and transmissible diseases logically follows the section on international and maritime quarantine. Now that practically all the State quarantine stations have been transferred

to the Federal Government the effectiveness of Federal quarantine laws, rules and regulations has been very materially increased. Whether it would be wise to include in this section the medical inspection of immigrants is open to question; possibly a subsection might be created, to be known as "Immigration Service", for in many cases quarantine administration and immigration inspection are carried on by Federal officers within the same or adjoining premises, and possibly by the same medical officer. Since the primary purpose of all quarantine is to control the spread of communicable diseases, it would seem best that, in the logical order of arrangement, the latter should follow the former, even though much, if not most, of the work in connection therewith on the part of the Federal Government would, unless present methods are materially changed, consist of epidemiological research and emergency work.

Sanitary Surveys

The urgency of qualified sanitary and social surveys would hardly seem to require extended consideration. The fundamental principles, however, which should underlie such surveys are far from being thoroughly understood and they are frequently entirely disregarded in so-called "health surveys" of even representative communities. In most of the so-called surveys the absolutely required division of essential technical functions is rarely adhered to. Various subjects or groups of facts are frequently considered by a single investigator or director, who at best may be but a specialist in a single and strictly circumscribed branch of sanitary science. For general purposes, of course, even a superficial investigation may be useful and prove sufficient as a basis for urgently required immediate reforms. Thus, for illustration, the sanitary survey of Charleston, West Virginia, by Mayo Tolman, Director and Chief Engineer of the West Virginia State Department of Health, may be said to be a model investigation within the restricted sense of the term. Not even an expert sanitary engineer can be expected to do entire justice to the wide range of subjects generally included in such a survey, from infant mortality and the transmissible or communicable diseases to food, milk, housing and sanitary nuisances.

Thus far in most of our States and localities the required special technical ability of a high order has been wanting to provide an adequate staff of experts for a sanitary survey in strict conformity to modern standards of accuracy and thoroughness. There has not been forthcoming, for illustration, such a thorough investigation as has been made of the sanitary problems, present and future, of the city of Dublin, Ireland. Too often it is taken for granted that any sanitary official,

qualified in a restricted field of public activity, is also competent to express an opinion and advance even radical recommendations concerning the numerous and frequently very important questions involved in investigations of this kind. The increasing demand for such surveys, therefore, suggests the need of higher standards of inquiry, such as can result only from the deliberations of qualified experts of the first rank, usually to be found in the employ of the Public Health Service of the Federal Government or of the health departments of the larger and more progressive States. The required standard methods of inquiry are more likely to be adopted if approved and recommended by a Federal Health Administration than by State authority or sanitary experts in private practice.

Sanitary surveys in the more general sense of the term to which attention may be directed are the Reports on Public Health in Springfield, Illinois, by Frank Schneider, of the Russell Sage Foundation, New York, 1915; The Health Survey of New Haven, by C. E. A. Winslow, James Cowan Greenway and David Greenberg, of Yale University; the Lawrence, Massachusetts, Survey, prepared jointly by Francis H. McLean, Arthur D. Marble, Robert E. Todd and Frank B. Sanborn; and the Lawrence, Kansas, Social Survey, made under the direction of Prof. F. W. Blackmar, a sociologist of the first rank, and including a section on school sanitation, with a number of tables of physical measurements of Lawrence school children, and an analysis of sickness statistics and the results of physical examinations, particularly of eyesight and dentition.

None of these investigations can be considered entirely satisfactory, though each and all are useful in their way, as indications of an aroused interest in the underlying facts and conditions which determine the health of the community. The ultimate attainment of the ideal would seem to lie in the direction of the method which has been so successful on the part of the U.S. Bureau of Soils, which has issued a large number of special reports on selected areas, for which the prevailing soil types, their fertility and agricultural use have been determined. Probably 15 per cent. or more of the entire area of the United States has gradually been surveyed in this manner, and wherever feasible the topographic atlas sheets of the U.S. Geological Survey have been utilized. Under a thoroughly reorganized Federal Health Administration it would become an important duty of the Government to initiate local sanitary surveys in much the same manner as this work has been carried forward by the Bureau of Soils on a basis of co-operation with State authorities. Such surveys would disclose favourable or unfavourable conditions affecting health and longevity and make the facts a matter of permanent record. There are, of course, many other special factors involved besides topography, which is here emphasized chiefly because the necessity

for an exact ascertainment of physiographic factors is so generally ignored.

An excellent illustration of a Survey of Social Agencies is an investigation of conditions in Alameda County, California, prepared by Jean Howard McDuffie for the Board of Public Welfare and published by the Board of Supervisors, Oakland, 1917. This report shows by twelve maps, amplified by numerous statistical tables, etc., the numerous agencies rendering medical assistance in the care of the sick, in public, semi-public and private hospitals, etc., home visiting or nursing, and the operations of local boards of health. The basis is here provided for a future survey in which more attention should be given to the strictly scientific technical considerations not within the plan or scope of the present inquiry The authors of the report have rendered a real service not only to the citizenship of Alameda County, but to the country at large. A Federal Health Administration would unquestionably initiate similar investigations on a co-operative basis throughout the country and make available the required information without which further sanitary progress on a large scale is not likely to be attained.

There is naturally a close relation between sanitary surveys and proper methods of town planning, rehousing, and urban development generally. As a part of its war activities the Committee on Labour of the Advisory Commission of the Council of National Defence caused to be prepared a report on the "Sanitation of Rural Workmen's Areas with Special Reference to Housing", which is a suggestive illustration of recognized fundamental principles which only too often are disregarded, even in plans which claim to be models of their kind. As further evidence of progress, reference may be made to the Standards of the Department of Health and Sanitation of the U.S. Shipping Board Emergency Fleet Corporation, prepared by Lieut. Colonel Philip S. Doane. This report includes a useful section on mosquito eradication and control, than which there is perhaps no more important health problem connected with military or labour camps in sections in which anopheline mosquitoes prevail. The most encouraging practical illustration of progress in the United States is the group of mining villages erected under the supervision of Mr. C. L. Close by the Tennessee Coal and Iron Company of the United Steel Corporation in the vicinity of Birmingham, Alabama. In the working out of the practical details of this undertaking, which is on a considerable scale and which includes every element of community life, such as schools, playgrounds, recreation centres, infirmaries, hospitals, etc., the fundamental principle has not been lost sight of that the essentials of housing include all the essentials of *home life*, and it is most gratifying to be able to say that no race discrimination has been practised, but that the cottages and surroundings are identical for both the white and the coloured employees.

Social Background

Report of the Sub Committee on Dependency of the Children's Committee of the National Conference of Social Work.

Atlantic City — June 1919,

C. V. WILLIAMS, Chairman

THERE has been neither time nor opportunity for the Committee to prepare at this time more than a preliminary report covering a few fundamentals which govern the philosophy of the treatment of the dependent child.

There has been great progress in child-caring methods during the past few years, shown not only in higher standards maintained by a number of organizations, but also in the development of a sense of community responsibility which in some states has expressed itself in the working out of definite programs. The Committee would refer most enthusiastically to the altruistic activities of thousands of men and women who have been spending their time and their money in the care and in the protection of needy children, and especially would it refer to the heroic service which was rendered by many unnamed heroes and heroines during the influenza epidemic. But the Committee is of the opinion that it is of far greater importance to call the attention of this conference to unfinished work and unsolved problems than to permit a feeling of satisfaction and complacency over the accomplishments which have resulted in our reaching but a small part of our problem.

On the occasion of the Washington Conference called ten years ago, now historically known as the White House Conference, fourteen resolutions were unanimously adopted. The group of people passing these resolutions were most representative. But if we are to judge by results, a considerable proportion of the persons engaged in child caring work have not been giving serious consideration to some of the principles represented by these conclusions. We will again ask your consideration of the provisions represented by some of these resolutions:

Home Care.—"Children of worthy parents or deserving mothers should, as a rule, be kept with their parents at home."

Not only are the children of many living worthy parents still detained in institutions, but some child-caring organizations are permitting

worthy distressed mothers to relinquish, unnecessarily, their children to the permanent guardianship of their organizations.

Preventive Work.—"The effort should be made to eradicate causes of dependency, such as disease and accident, and to substitute compensation and insurance for relief".

In many sections of the country the major effort is exercised in the actual care of the children from broken or destroyed homes, while comparatively little effort is made to bring about family rehabilitation or the removal of the causes of poverty. Vast sums of money are appropriated for the erection of buildings for the care of dependent children in communities where family service of a preventive nature properly directed would make possible the care of many of these children by their parents.

Home Finding.—"Homeless and neglected children, if normal, should be cared for in families when practicable".

An immense number of children who are physically and mentally normal and who, for various reasons, cannot be returned to their own parents, are subjected to continued custodial care in institutions throughout the county. A large sum of money is thus unnecessarily spent in housing children while depriving them of the advantages of normal family life.

State Inspection.—"The State should inspect the work of all agencies which care for dependent children".

The supervision by the State of child-caring agencies has not been everywhere provided, and shameful neglect of dependent children has prevailed in some such States where there is no provision for the standardizing and the regulating of child-caring agencies.

Facts and Records.—"Complete histories of dependent children and their parents based upon personal investigation and supervision, should be recorded for guidance of child-caring agencies".

Little or no effort is made by some of the agencies either to secure or to preserve the family history of the dependent child. The Court adjudication of dependency resulting in the permanent separation of the child from his parents has frequently been accomplished with little or no information concerning the child's antecedents.

Physical Care.—"Every needy child should receive the best medical and surgical attention, and be instructed in health and hygiene".

A number of child-caring agencies have not yet been aroused to the necessity of removing the physical handicaps of children placed in their care. Intensive physical examinations with treatment for remediable defects have been the exception rather than the rule.

The Committee would supplement this resolution with the declaration of the recognition of the value of the personality study of the child

as a requisite for his proper treatment in the Institution or for his suitable adjustment to a foster home.

Co-operation.—"Local child-caring agencies should co-operate and establish joint bureaus of information".

While in certain sections of the country there has been developed through children's bureaus councils of social agencies and kindred organizations, schemes for the co-ordination of local welfare agencies—in many parts of the country there is little co-operation between agencies engaging in the same work and much waste and duplication of effort with an immense undeveloped field.

The Committee would emphasize the fact that a sympathetic understanding by the members of this Conference, of the principles just referred to, should have resulted in the correction of many of the wrongs and abuses which are now perpetrated upon defenseless children.

The dependent or neglected child cannot receive adequate treatment when considered apart from his family, or the fragment of family from whence he comes. There is no child problem, which is not a family problem, and no family problem which is not a community problem. We must develop the forces within the community that will develop and conserve the latent impulses for good which may be discovered in even the so-called bad family.

The State must assume the responsibility for the care of its children as an economic principle; it is reprehensible and extravagant for a community to fail to provide needed and adequate protection at all times for all of its children, and such protection should be extended alike to all classes and races; the community which prides itself upon the establishment of agencies caring for some of the needy children permitting others to be subject to neglect has failed to meet its opportunity and will later have to face the consequences incident to child neglect.

The Committee recommended for each community the development of a program which will ally all of its altruistic forces, and the membership should not be limited to the agencies specializing in child care. The child should be discovered and treated before dependency has marked him sufficiently to attract the attention of the service agency. The nature of the organization will vary to meet the community needs but the central agency should be composed of representatives of all of the organizations engaged in community welfare. Such an organization will be in possession of the potential possibilities of all of the co-ordinated agencies, and its development makes possible the defining of the responsibility of each agency and the intensifying of its work. Only through such co-ordination is community diagnosis with remediable treatment made possible. Until all of the forces of the community for

public betterment are united in such an effort, many children will be sacrificed.

The practice common to many of our child-caring associations in most of the States, of permitting a parent to transfer to the agency the permanent guardianship of his child, without confirmation by a court of competent jurisdiction, is cruel and this practice should be everywhere abolished. In many sections of the country, with very little formality, a mother may sign away her right to her child while lying upon a sick-bed in a maternity hospital, and this scrap of paper, unacknowledged, is accepted by an adopting court as sufficient justification for permitting the adoption of a child to another. These surrenders or releases are not infrequently executed at a time when the parents are temporarily distressed and neither physically nor mentally able to know what they ought to do, and are at times instigated by enthusiastic agents desirous of securing attractive children for prospective foster homes.

The crude and inadequate adoption laws in force in many of our states resulting in the summary adoption of children by unfit persons should be replaced by legislation which will place upon an adopting court the same responsibility for investigating the facts concerning the child and also the foster family as are recognized as minimums to be employed by qualified child-caring agencies.

Supervision by the state should be extended to all agencies, public or private, incorporated or otherwise, as receive or care for children or place children in family homes. This supervision should include the activities of individuals who care for children for hire, gain, or reward not related by blood or marriage. But this supervision should be sympathetic, helpful and constructive, and should be exercised so as to provide for the conservation of the altruistic activities of the agencies supervised.

The Committee would recommend the intensive study of the following subjects, where there is a marked difference of opinion:

Juvenile Courts

The juvenile court has been established in many parts of the country with broad powers looking to the protection of dependent and delinquent children. In some states the court administers the distribution of mothers' relief and is engaged in the actual care of dependent children. Some of these children are cared for in detention homes or institutions under the supervision of the court, and others are placed in foster families. In some of the states judges of other jurisdiction, elected by popular vote, share the juvenile court responsibility.

The Committee raises the question as to the wisdom of this procedure. To what extent should the juvenile court operate as an administrative agency in the treatment of dependent children? Is the continuing jurisdiction of the juvenile court over the wards committed to the permanent care of a placing-out agency for placement in family homes in advantage or a detriment?

Should cases of dependent children, where there is no parental neglect, be brought into the juvenile court for adjudication?

The Responsibility of the State and Private Agencies in the Care of Dependent Children

The Committee would raise the question as to the distribution of responsibility by public and private agencies for the care of all of the dependent children, that the State should assume the primary and ultimate responsibility, and that it should standardize and utilize all of its agencies to a maximum degree there is no question. But what proportion of responsibility for the direct care of the child should be assumed by the State? In some States there is a very definite exercise of responsibility shown either through a board of children's guardians, a state board of charities, a children's bureau, or through the state public school; while in other states the burden of responsibility for the care of all its dependent and homeless children, to what extent should it employ the service of the private agencies? There are persons connected with private organizations who will show that there is an immense amount of voluntary altruistic service which could not be developed nor controlled by the State. This is especially true of religious or church organizations. They will, morevoer, show that any attempt by the state to take over work which is already being well done will tend to dry up streams of charity and benevolence which the state needs. And they will also show that the community itself is better because of the opportunity given to its citizens to participate in these humanitarian efforts. On the other hand there are persons who will show that the private agencies cannot adequately cover the field of child-caring, and in consequence of the failure of the state to provide machinery, large numbers of children are sacrificed. What shall be the division of responsibility between the public and private agencies?

Mothers' Pensions

The study of the administration of mothers' pensions in some of the states reveals the fact that the amount of money available for distribution is woefully inadequate, and the machinery for investigation and supervision in many instances insufficient, while the law contemplated

a providing of sufficient funds to the mother in order that she might remain at home with her children, in actual practice the amount of money available has sometimes been insufficient to pay the rent, and while material assistance has been given, the problem has not been solved, and the mother, after a terrific struggle, ultimately has been obliged to part with her children.

This system of providing partial relief to mothers demands most intensive study.

We would recommend the appointment of a Committee to continue the work during the coming year, and that the program of the Committee be the consideration of the following subjects:

Introduction of Foreword

1. Historical background of work for dependent children.
2. Definition of terms employed in the treatment of the dependent child.
3. Standards employed by organizations in their first contact with cases.
4. Types of cases and methods of treatment and care.
5. Minimum standards in the care and treatment of dependent children in the terms of each child.
6. Application of treatment.
   - (a) In his own family.
   - (b) In a foster home.
     - I. At board.
     - II. In a free home.
     - III. In a wage home.
     - IV. In an adoption home.
   - (c) Institutions.
7. Function of state and local communities in care and treatment of dependent child.
   - (*a*) State responsibility and its relation to private agencies.
   - (*b*) Development of community plans.
   - (*c*) Juvenile Court—Family Court.
   - (*d*) Mothers' Aid.

Each of these subjects should be assigned—one to each member of the Committee who in its preparation should seek all available data and should call to his aid such persons who will be most helpful. These reports should be co-ordinated, edited and printed before the next National Conference.

The best child-caring agencies of the country have not yet satisfactorily provided a program that adequately protects all of its wards

at all times. We have indications of an awakened consciousness of the rights of defenseless children, when such a publication as the *Delineator* in its present Child's Welfare program seeks to best serve the neglected children of a nation by employing the technique and utilizing the experience of the standardized agencies of the country in working out the child's whole problem.

If child neglect continues in the community in which we live to a large degree we are responsible. Representing the leading agencies of the entire nation there is placed upon us the responsibility for the development of constructive propaganda which will safeguard our children. If our low standards are occasioned because of financial limitations, we have within us the ability as well as the power to educate the community in which we live. If the organization which we represent is not intensifying its work and expanding to meet growing community needs, it is failing in its possibilities. What of it if our organizations with their complex machinery maintained at an immense cost have saved a few children? Are we to remain indifferent to the needs of thousands of children in our country to-day subjected to extreme neglect because of our failure? This Conference will not have done its duty unless it has some anxious moments concerning its responsibility to the unreached dependent child and unless it secures in every community the development of a program which will have as its minimum the adequate protection of every child.

C. V. Williams.

C.A.M.C. News

MONTH OF OCTOBER, 1919

APPOINTMENTS:

Major Harry James Shields is posted for duty under the A.D.M.S., M.D., No. 2, as part time Medical Officer.

Major Percy James Sandys Bird is posted for duty under the A.D.M.S., M.D. No. 4.

Q.M. and Hon. Lieut. Albert Price Disley is posted for duty under the A.D.M.S., M.D. No. 2.

Major George Patrick Howbett is posted for duty under the A.D.M.S., M.D. No. 3.

Captain Charles Smith Henderson is posted for duty under the A.D.M.S., M.D. No. 6.

Captain Harry Knight Mitchell is posted for duty under the A.D.M.S., M.D. No. 10.

Major Darrell Porters Hannington is posted for duty under the A.D.M.S., M.D. No. 11.

Captain Robert Kells Johnston is posted for duty under the A.D.M.S., M.D. No. 3.

Captain Roswell Cameron Lyon is posted for duty under the A.D. M.S., M.D. No. 3.

Captain Sydney James Wood Horne is posted for duty under the A.D.M.S., M.D. No. 3.

Captain Oscar Glennie Donovan is posted for duty under the A.D.M.S., M.D. No. 6.

Captain James Walters Harper, C.A.M.C., is posted for duty under the A.D.M.S., M.D. No. 10.

Captain Phillip Doane McLaren is posted for duty under the A.D.M.S., M.D. No. 6.

Captain Herbert Charles Allison is posted for duty under the A.D.M.S., M.D. No. 1.

Captain Allan Martindale Yates is posted for duty under the A.D.M.S., M.D. No. 1, and is granted the rank of Major whilst employed with effect from the 24th July, 1919.

A–Major Joseph William Hunt is posted for duty under the A.D.M.S., M.D. No. 2.

Captain Douglas Wallace is posted for duty under the A.D.M.S., M.D. No. 10. Vice-Captain R. B. Jenkins, 5th October, 1919.

Q.M. and Hon. Captain Arthur William Holmes is posted for duty under the A.D.M.S., D.G.M.S. Militia Headquarters, Ottawa, 10th October, 1919.

Captain Harold Ewing Preston is detailed for duty under the Director of Internment operations as Medical Officer-in-charge of party insane prisoners of war being repatriated to Germany, 25th October, 1919.

Captain Morley Edward Gorman is detailed for special duty in the Directorate of the D.G.M.S. Militia Headquarters, Ottawa, 16th October, 1919.

Major John Phillip Selby Cathcart, M.C., is detailed for duty under the A.D.M.S., M.D. No. 2, 6th October, 1919.

PROMOTIONS:

The undermentioned Temp. Lt.-Cols. (acting Cols. to be Cols.):

C. P. Templeton, D.S.O., 18th January, 1919.

E. L. Stone, 1st August, 1919.

J. S. Jenkins, D.S.O., 15th January, 1919.

C. Hunter.

W. T. Lochart, 1st August, 1919.

C. E. F. Haszard, 1st August, 1919.

The undermentioned Temp. Capts. Acting Majors to be Temp. Majors:

H. W. Wadge, M.C., 15th January, 1919.

P. J. S. Bird, 30th July, 1919.

J. D. Jones, 1st August, 1919.

J. S. Fitzsimons, 1st August.

J. W. Hunt, 1st August, 1919.

A. B. Wilks, 21st August, 1919.

The undermentioned Temp. Capt. (Acting Majors to be Temp. Majors):

D. S. Morris, 2nd June.

S. Sprague, 9th August, 1919.

G. O. Scott, 23rd August, 1919.

Temp. Major (acting) Lt.-Col. F. E. Watts to be Lt.-Col., 29th July, 1919.

Temp. Captain A. N. Aitken relinquishes the Acting rank of Major, 23rd August, 1919.

Temp. Major (Acting) Lt.-Col. L. H. McKim relinquishes the acting rank of Lt.-Col., 25th June, 1919.

Temp. Captain E. F. Risdon to be Acting Major whilst employed as Officer i/c Canadian Section of Plastic Surgery, 2nd May, 1919.

RETURNED FROM OVERSEAS:

The undermentioned officers are returned from Overseas on general demobilization:

Captain Robert Lindsay Morrison.
Captain George Frederick Seaborn.
Major Thomas McL. Creighton.
Lt.-Col. Allan C. Rankin.
Major Charles John Currie.
Captain Allison Taylor.
Captain Benson Ambrose Cohee.
Captain Gerald Joseph Lunz.
Captain Frederick James Snelgrove.
Captain William Thompson Kennedy.
Captain James Grant Strachan.
Q.M. and Hon. Captain James Forester Christie.
Q.M. and Hon. Captain George Alexander Bell.
Captain Melville Allan Oulton.
Captain James Currie McWilliam.
Captain Joseph Picard.
Major John Henry Birch.
Captain Frank Hastings Mewburn.
Captain Herbert Legear Collins.
Major Stayner Ellis.
Captain Robert Willison Brulls.
Lieut. Howard Owen Jones.
Captain Harold Wilbert Street.
Captain William Lindsay Gradyon.
Captain Herbert Henry Eyres.
Captain James Arthurson McEwen.
Captain Henry Joseph Robillard.
Captain Ralph Newton Tripp.
Captain George Duncan McTagart.
Captain Gordonsmith McAlpine.
Captain William Alfred Jones.
Captain William Harold Baillie.
Captain William Allan Clayton.
Captain Archibald Donald Campbell.
Captain John Kenneth McBane.
Captain Albert George Toy.
Captain Wilbert Harold Eby.
Captain Horace Watson Kerfoot.
Captain Thomas D. Bennett.
Lt.-Col. Allan Coates Rankin.

Captain George Alonzo Simons.
Captain Francis George Wallbridge.
Major Harold Bentley Boyd.
Major Frederick Beheimer Bowman.
Major Arthur Brown James.
Major Harley Smith.
Major John Cotton Maynard.
Major Joseph William Hunt.
Colonel Frederick Guest.
Captain Hartly Robert Conn.
Captain Kenneth McKim Shorby.
Major Ralph R. Barker.
Major James Robert Goodall.
Major Edgar Douglas.
Lt.-Col. William Wilby Nasmyth.
Lt.-Col. Fred Holland MacKay.
Captain Frank Russell Hastings.
Major George Orville Scott.
Q.M. and Hon. Captain Russell Alwyn Scott.
Lt.-Col. Hugh Ernest McDermot.
A–Lt.-Col. Williams Turner Lochart.
Lt.-Col. Sturgeon Campbell.
Captain Charles Bouck.
Captain Edgar Alexander Campbell.
Captain Elmer Tilley Kennedy.
Captain James Stanley Chislom.
Captain Joseph Blake.
Captain Victor George Williams.
Captain Cecil B. Corbett.
Colonel Alexander Primrose.
Major Ewart Wilson.
Captain James Moore.
Captain George Cleveland Wagner.
Captain Williams Arthur Love.
Captain Edward Chritian Pough.
Lieut. Howard Owen Jones.
Major Harry James Shields.
Major Frederick Clarence Clarke.
Captain George McManes Carson.
Captain Roy Bertram Jenkins.
Captain John Alexander Young.
Captain Robert Ritchie Walker.
Captain John Thompson Green.

Captain Cecil Alexander Rae.
Captain John Francis Haszard.
Captain Floyd Cecil Stewart.
Q.M. and Hon. Lieut. Frederick Pock.
Major Allan Buck.
Captain Cecil Alexander Rae.
Captain Harry Coppinger.
Captain Morton Eldred Hall.
Captain Alfred Errington Shore.
Captain Murdock Alexander MacKinnon.
Captain Frederick James Brodie.
Captain George Aldon Greaves.
Captain William Filmer Coy.
Major Allan Beech.
Lt.-Col. Frank Cornwall McTavish.
Major James Thomas Wall.
Major Alva Burton Chapman.
Major Frederick William Lees.
Captain James Fisher Weir.
Captain George Alexander Ramsay.
Captain Neil Douglas Black.
Captain Lloyd Lawrence Buck.
Captain Alban Foote Foss.
Captain Joseph Peter Bilodeau.
Captain Alexander Archibald.
Q.M. and Hon. Captain David Stanley Ruthledge.
Q.M. and Hon. Captain Henery Maurice Cody.
Lieut. William Rankin.
Captain Lawrence Noble Armstrong.
Captain Oscar Frederick Eastman.
Captain Archibald Henderson McLaren.
Lt.-Col. Archibald Lorne Campbell Gilday.
Captain Joseph Austin Keely.
Captain Andrew Campbell McCormack.
Captain George Hooper.
Captain Irvin John Leatherdale.
Lieut. Lloyd Cecil Rymal.
Captain Frederick Fitzgerald Tisdall.
Major Arthur Wallace Bagnall.
Lieut. George Richard.
Captain Hammett Alonzo Dixon.
Captain John Russell Christian.
Captain Edmund Boyd.

Captain Frederick Charles Marlow.
Captain Charles Joseph Garofalo.
Captain Edward Charles Arthur.
Captain Joseph Pheonix De Cossie.

RETIREMENTS:

Captain John Broadfoot Jupp, C.A.M.C., 30th June, 1919.
Captain Edmund Percy Lewis, C.A.M.C., 11th September.
Lieut. William Hugh Holmes, 15th September, 1919.
The undermentioned Temp. Capts. retire in the British Isles, 9th August, 1919:
E. Worshaf.
J. P. Bonfield, M.C.
A. E. Wood, 1st August, 1919.
H. C. Clermont, 9th August, 1919.
H. L. Walker, 15th August, 1919.
F. A. O'Reilly, 16th July, 1919.
Temp. Captain J. A. Houstan retires in the British Isles, 11th August.
Temp. Captain R. G. Moffatt, 3rd August, 1919.
Temp. Captain J. P. S. Cathcart, M.C., to be Temp. Major, 21st May, 1919, (substituted for Gazette notification, 11th August, 1919).

TO BE MAJOR:

Major Albert Joseph Fisher, 17th September, 1919.
Lieut. Charles Percival Garbutt, C.A.M.C., 12th August, 1919.
Major Henry Ormsby Boyd, 15th July, 1919.
Captain Robert Maitland Cook, 2nd June, 1919.
Captain Clare Annis Langmaid, 1st July, 1919.
The undermentioned officers retire in the British Isles:
Temp. Captain A. R. Campbell, M.C., 31st August, 1919.
Hon. Captain J. C. McClure, 1st August, 1919.
The undermentioned Temp. Capts. retire in the British Isles:
W. A. McClelland, 16th August, 1919.
A. N. Aitken, 23rd August, 1919.
Temp. Captain E. E. Locke, retires in the British Isles, 3rd September, 1919.
The undermentioned officers retire in the British Isles:
Temp. Major N. G. Cooper, 1st September, 1919.
Temp. Captain H. W. Bell, 29th August, 1919.
The undermentioned Temp. Capts. retire in the British Isles:
W. A. Marshall, 9th August, 1919.
P. A. Leacy, 9th August, 1919.
W. H. Hills, 9th August, 1919.

C. V. Hills, 9th August, 1919.
H. R. Boc, 9th August, 1919.
H. H. Perry, 9th August, 1919.
The undermentioned Tem. Officers retire in the British Isles:
Temp. Captain R. McKinlay, 11th July, 1919.
Temp. Capt. J. L. Porier, 26th July, 1919.
Temp. Captain A. W. Begg, 28th July, 1919.
Temp. Lt.-Col. E. L. Pope, 31st July, 1919.
Temp. Captain G. B. Ferguson, 31st July, 1919.
Major (Temp.) D. J. Cochrane, 1st August, 1919.
Captain D. Smith, 1st August, 1919.
Temp. Captain R. F. Proce, 1st August, 1919.
Temp. Captain H. G. McCarthy, 1st August, 1919.
Temp. Captain W. G. Lowery, 1st August, 1919.
Temp. Captain M. F. B. Graham, 1st August, 1919.
Temp. Captain V. K. O'Gorman, 1st August, 1919.
Temp. Captain B. Cohen, 1st August, 1919.
Temp. Col. W. K. Watt, 5th August, 1919.
Hon. Lieut. and Q.M. Mr. H. Skuce, 8th August, 1919.

The Provincial Board of Health of Ontario

Salary of Medical Officer of Health of the Town of Port Hope.

Judge Ward Fixes Salary at $600 per year and Orders Town to Pay Costs.

His Honor Judge Ward has given out the following judgment in the case of Dr. G. A. Dickinson, Medical Officer of Health, *vs.* the Town of Port Hope. His Honour decides in favour of Dr. Dickinson and fixes his salary at $600 per year. The town pays all expenses.

JUDGMENT

The Public Health Act (section 35) requires the Council of every municipality to appoint a legally qualified medical practitioner to be the Medical Officer of Health for the municipality, and (section 39) provides that he is to be paid by the Municipal Corporation a reasonable salary, and by Section 52a (an amendment to the Public Health Act by Chapter 41, Section 7, Ontario Statutes, 1918) when a Medical Health Officer claims that the salary paid to him by the Municipal Corporation is not fair and reasonable, he may apply to the County Judge for an order fixing the amount payable to him as salary under section 39, or as remuneration under section 52a.

I have heard the parties and their witnesses.

Dr. George A. Dickinson was first appointed Medical Officer of Health for Port Hope in 1902, at a salary of $50 per annum, when apparently the duties of the Officer were chiefly permissive, and in 1912, when the duties had become by statutory enactment in a large sense obligatory, his salary was fixed at $500 per annum, and this rate continued until the 30th day of September, 1918, when the Council of the Municipal Corporation passed a By-Law, number 1201, reducing the salary of the Medical Health Officer to $300 per annum.

Upon a careful consideration of the evidence of the applicant, and the volume of Exhibits filed, showing the work done by him, I am inclined to believe that the action of the Council was hasty and unwise.

After such drastic action, it might fairly be expected that the members of the Council would be prepared to back up the course they had pursued during the progress of this enquiry, but only His Worship the Mayor and three of the Members of Council gave evidence before me.

His Worship and Councillor Davison alone, had any fault to find with the Medical Health Officer, while Councillor Fulford spoke most favourably of his efficiency and work, and Councillor Smith neither blamed nor praised.

In view of the importance of this matter, affecting as it does, the vital interest of the community, it is difficult to understand the apathy and indifference displayed throughout the enquiry by many of the members of the Council, the Press, and the Citizens generally. The public should, in my judgment, have been allowed to read from day to day the evidence given at an enquiry of this nature so that each individual could read for himself and form his own conclusions.

It would be impossible for me, in this order, to refer in detail to the inspections, reports and other work performed by the Medical Health Officer, as required by the Public Health Act, and other enactments of the Legislature, and proved to have been done by the mass of reports, books and documents filed; but I will mention one which appears to be of special value: Shortly after Dr. Dickinson's appointment in 1912, he undertook to supply a sanitary survey of the town, showing every house the name of its owner, the street where situated and its conveniences in detail; this work occupied its author, during his spare time, for about ten months, in the year 1912 and 1913, and is and has been, I have no doubt, of great value to the Local Board of Health ever since its completion.

I find, therefore, upon the evidence, that, in the main, the work of the Medical Health Officer has been well and efficiently performed, and that he is entitled to fair and reasonable remuneration. If there are any serious grounds for the complaints of His Worship the Mayor and Councillor Davison, I would call attention to the fact that Medical Health Officers are the servants of the Corporation employing them, and it is their manifest duty, at all times, to be courteous and obliging to the officials of the town, and to furnish all reasonable information asked for; it is also their duty when any question affecting the health of the town arises, to act promptly and fearlessly without regard to the convenience or interest of any individual citizen.

Now, as to what is a reasonable remuneration; I have read the memorandum showing salaries paid to Medical Health Officers in other municipalities of the size and importance of Port Hope, but I am not inclined to allow this to influence my judgment as I believe that these municipalities are getting in service what they pay for and no more, and

I think the people of Port Hope expect and require proper and effective service where the health of the town is concerned.

Neither am I inclined to pay too much attention to the figures mentioned by the medical witnesses, called by the applicant, as perhaps these gentlemen's ideas were based upon the amount for which they would be willing to undertake the work.

The Statute points out that the Judge, upon the application, shall take into consideration all the circumstances of the case, and amongst others, the physical extent, population and assessment of the municipality.

The circumsances, in this particular case, are many and varied, both for and against a large amount of remuneration being awarded, and I must say frankly that I am, to a certain extent, influenced by the high rate of taxation which prevails at the present time.

After a careful review of the evidence, and of all these circumstances, I am of opinion that the Medical Health Officer of the town of Port Hope should be paid yearly the sum of $600.

I, therefore, make an order allowing the claim made by Dr. G. A. Dickinson, and I fix the amount payable to him, as salary under Section 39 of the Public Health Act at $600 per annum.

I further order that the costs of this enquiry be paid by the town of Port Hope.

Dated this twentieth day of October, A.D., 1919.

(Signed) H. A. WARD, *Judge.*

COMPARATIVE TABLE

	1919		1918	
Diseases	*Cases*	*Deaths*	*Cases*	*Deaths*
Smallpox	38	0	6	0
Scarlet Fever	277	2	187	3
Diphtheria	452	49	351	52
Measles	96	1	188	4
Whooping Cough	166	6	72	31
Typhoid Fever	98	21	111	31
Tuberculosis	169	135	259	181
Infantile Paralysis	14	1	2	0
Cerebro-Spinal Meningitis	5	3	6	4
Influenza	10	3	0	0
Acute Influenzal Pneumonia	0	11	0	0
Acute Primary Pneumonia	..	125	..	..
Relapsing Fever and Dysentery	..	1	..	..
	1,325	358	1,182	306

NOTE.—The last four diseases were not reported in 1918.

VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS OF HEALTH FOR OCTOBER, 1919

Diseases	Oct. 1919 *Cases*	Oct. 1918 *Cases*
Syphilis	79	56
Gonorrhoea	121	191
Chancroid	3	4
	203	251

NOTE.—Syphilis caused three deaths.

SMALLPOX REPORT FOR OCTOBER, 1919

Places	*Cases*
Toronto	3
Woodstock	7
Guelph Township	3
Aurora	1
Sudbury	2
Bobcaygeon	1
Elderslee	1
Arron	1
Sandwich E.	3
Tyendeinaga	5
Bayfield	1
Widdifield	1
Darlington	2
Blandford	1
Oxford E.	1
Picton	1
Martland	1
Tisdale	2
Eldon	1
	38

The reports of the Local Boards of Health for the month of October of communicable diseases show smallpox to be more prevalent than in the corresponding month of 1918, and is scattered over 19 municipalities, but no deaths are reported. Scarlet fever cases are 90 more with one less death. Diphtheria also has 101 more cases with 3 fewer deaths or a case mortality of 10.8. Typhoid, measles and tuberculosis show a substantial reduction compared with October of last year. Influenza and influenzal pneumonia caused 14 deaths and acute primary pneumonia 125 deaths. It is most gratifying to note the few deaths from influenza compared with October last year, when over 3,000 were reported by the undertakers.

News Items

Dr. D. A. Clark has been appointed Deputy to the Deputy Minister of Health, Federal Department of Health, Ottawa. Mr. G. A. Holland has been appointed Secretary in the same Department.

Dr. Fred. Guest of St. Thomas has been appointed District Officer of Health for No. 1 District under the Provincial Board of Health of Ontario.

Dr. George E. Smith has been made Director of the Division of Child Welfare in the Department of Health, Toronto, in succession to Dr. Alan Brown, resigned.

Dr. Eric Clarke, Toronto, has received the appointment of Psychiatrist to the Department of Health, Toronto.. Dr. Clarke will carry on work amongst children in the primary grades of the Public Schools in Toronto.

An important conference was held in the office of Dr. J. W. S. McCullough, Chief Officer of Health for Ontario, on November 14th last, to consider the question of more effectively carrying out the provisions of the Venereal Diseases Prevention Act, Ontario. Amongst those present at the conference in addition to the Chief Health Officer were: Dr. C. J. Hastings, M.O.H., Toronto; Dr. Gordon Bates, General Secretary of the Canadian National Council for Combating Venereal Diseases; Professor J. G. Fitzgerald, of the University of Toronto; Dr. C. H. Haire, Dr. E. Trow and Dr. Williams, of the Special Treatment Clinic, Toronto General Hospital, also representatives from the various Military Hospitals in M.D. No. 2, and Miss E. Dyke, Miss Jane Grant, and Miss Brown, of the Division of Public Health Nurses, Department of Health, Toronto. A small sub-committee was appointed to consider the advisability of amending, in certain details, the present regulations.

Mr. M. J. Maloney, M.A., has been appointed Research Chemist in the Connaught Antitoxin Laboratories, University of Toronto.

The Massachusetts-Halifax Health Commission has begun work in Halifax, and Dr. Royer, formerly of the State Department of Health,

Pennsylvania, has been appointed Director of the Commission. The Board of Management of the Commission is made up of nine leading men of the Province, including the Provincial Health Officer, Dr. W. H. Hattie.

Mr. H. M. Lancaster, Provincial Chemist, has been appointed Director of the Laboratories of the Provincial Board of Health of Ontario to succeed Dr. John A. Amyot, C.M.G. Deputy Minister of Health, Department of Health, Canada.

Dr. R. R. McClenahan has been made Director of the Bureau of Venereal Diseases in the Provincial Board of Health of Ontario.

Editorial

A NATION-WIDE campaign is being launched as one of the first activities of the newly-created Federal Department of Health. The Dominion authorities have granted $200,000 to assist in combating venereal diseases, conditional upon the same amount being raised by the Provinces. Each Province will frame its own statutes and evolve its own plans, but unity from coast to coast in educational work will be given by a voluntary agency, the Canadian National Council for Combating Venereal Diseases, representing all the Provinces. This organization will endeavour to enroll members in every community in Canada and impress on the public mind the gravity of the problem. The lecture platform, the moving-picture, the newspaper, and the magazine will be used. It is probable that definite surveys will be made by trained investigators in police courts, reformatories, and jails to ascertain what can be done in a preventive way. The social aspects of sex offences will be also the subject of thorough inquiry.

Ontario made a beginning with the statute that took effect in July, 1918. A year's experience has justified it, but has revealed certain defects which should be removed. Conferences have been called by the Chairman of the Provincial Board of Health to consider means of strengthening the Act. Greater clinic facilities are required, and it should be less easy for victims of the disease to evade the compulsory provisions of the law and become a public menace. Ontario's share of the Federal grant will be $57,000, and the late Government had intended to ask the legislature to duplicate it. No doubt the new Government will avail itself of the Federal offer and enable the Province to do its share in the fight against a dreadful scourge.

Reprinted from the Toronto *Globe*, November 17th, 1919.

Smallpox in Toronto

A widespread outbreak of smallpox occurred in Toronto early in November. The cases were mainly of a mild type. The rush of citizens to be vaccinated was so great that those responsible both for the production of smallpox vaccine virus and for the vaccinations had great difficulty in coping with the demand. A small but noisy minority in the city rushed into print to express the condemnation of the Health Department in organizing a campaign of vaccination. A member of the Board of Control is reported in the daily press to have declared that

he would refuse to pay his school taxes if his child was not permitted to attend school without a certificate of vaccination. This highly edifying spectacle of a member of one of the municipal governing bodies indicating his intention of defying the law should have but one result. All good citizens who are interested in the furtherance of the best interests of public health work in Toronto are advised to see to it that the controller regains his status as a private citizen on January first next.

The Canadian Red Cross Society

In the July number of the JOURNAL an editorial dealing with the question of "Financial Support of National Health Promoting Agencies," the desirability of the Canadian Red Cross Society taking steps which might lead to co-ordination of the activities of these agencies was emphasized.

The address of Sir David Henderson, Director General of the League of Red Cross Societies, Geneva, at a public meeting held in Toronto under the auspices of the Canadian Red Cross Society on November 20th, has again raised this question.

We would then simply quote from the editorial mentioned above as follows: "There are at present in Canada several national organizations which would qualify, if Dr. Hoffman's definition be accepted, as agencies which should receive such support. And what is almost equally important, some definite co-ordination of the activities of these associations might be attempted. Thoughtful people interested in public health and social service work would welcome some action on the part of the Canadian Red Cross Society looking to the calling of a conference of representatives of that Society, and the Canadian Public Health Association, the Canadian National Mental Hygiene Association, the Canadian National Council for Combating Venereal Diseases, the Canadian Association for the Prevention of Tuberculosis and the Canadian Association for the Prevention of Blindness; to the end that some measure of co-operation may be assured and possibly some provision made for the support of these various agencies".

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